

Medical Economics

PUBLISHED EVERY OTHER MONDAY • ISSUE OF JUNE 22, 1959

R 723.5
AIMY

How to Add Value to Your Life Insurance

Also in this issue:

**'State Medicine Can't Be Stopped!'
These Stocks Pay Tax-Free Dividends**

WIDE AWAKE TRANQUILITY



Quiactin for quieting

(one 400 mg. tablet q.i.d.)

QUIACTIN provides greater tranquility, yet avoids the drowsiness that causes patient discomfort or oversteps the bounds of safety.¹ Work, and other normal activities, continue with no drop in efficiency.² Structurally, QUIACTIN is a glycidamide... atom by atom, a completely new tranquilizer, prolonged in activity, non-toxic, noncumulative and free of withdrawal symptoms. QUIACTIN will not deepen depression if it is present.

1. Proctor, R. C., Southern Psychiatric Assoc. Meeting, October 7, 1957. 2. Feuss, C. D. and Gragg, L. Jr.: Dis. Nerv. Sys. 18:29; 1957.

TRADEMARK QUIACTIN



THE W. M. S. MERRELL COMPANY
New York - CINCINNATI - St. Thomas, Ontario
Another Exclusive Product of Original Merrell Research

PLA
ket
of
cent
mine

MOST
coun
Kans

SEN.
for
show
Says
gani
to t

QUAN
150
large
ing:

Medical Economics

NEWS BRIEFS

PLANNING TO BUY A "COMPACT" CAR when Detroit markets them this fall? If you do, you'll have lots of company among your colleagues. Some 60 per cent of doctors surveyed recently by this magazine say they're considering getting one.

MOST UP-TO-DATE M.D.s? New data show annual P.G.-course enrollments by Kansas doctors equal 31% of Kansas' M.D.-population. Georgia's score: 2%.

SEN. YOUNG HAS BLASTED Ohio's medical leaders for voting against Social Security after a poll showed a majority of the state's M.D.s favor it. Says Young: "The ruling clique of the Ohio organization repudiated their own referendum...due to the violent opposition of the A.M.A. lobby."

QUANTITY DISCOUNT IN LIFE INSURANCE: More than 150 companies now offer knocked-down rates for large contracts, a new study shows. Typical saving: nearly 10% on a \$25,000 policy.

NEWS BRIEFS

YOUR PREGNANT PATIENTS WHO WORK get a break from a new Internal Revenue Service ruling. If you certify that such a patient must stop work temporarily during pregnancy, up to \$100 per week of any sick-pay she gets is tax-exempt.

BRITISH M.D.s ARE TALKING STRIKE AGAIN: The B.M.A. has drawn up detailed plans to strike if current negotiations with the National Health Service for a pay hike fall through. They'll still treat patients, the doctors say; but the patient—not N.H.S.—will have to foot the bill.

IF SEN. HUMPHREY SHOULD BECOME PRESIDENT in 1960, the Forand bill would gain powerful support. He is urging that we start meeting the aged's health needs through Social Security "immediately." Says Humphrey: "I am perfectly aware that such a bill will provoke outcries of socialism. This doesn't worry me. I don't believe this is the view of even the doctors of this country."

GREEN LIGHT FOR VARIABLE ANNUITIES: The New Jersey Legislature has O.K.'d the sale in that state of retirement insurance that rises in value with inflation. Now the giant Prudential Insurance Co. hopes to market its first such contract early next year. Three other states—Mass., Conn., and N.Y.—are expected to follow N.J.'s action soon.

YOUR GAS MILEAGE IS CUT 40% if your car has power steering, automatic shift, and air conditioning, recent tests by the Pure Oil Co. show.

MORE DOCTORS ARE UP IN ARMS over the A.M.A.'s recent "hysterical statements...whereby physicians are urged to make a standard practice of fee reduction for senior citizens," as Yakima County (Wash.) M.D.s see it. They say the A.M.A. gives the impression that "we as a group feel responsible for all medical care for [the aged] ...This responsibility...must be born equally by [all] Americans, not by 160,000 [doctors]."

OPPORTUNITIES FOR M.D.s ARE PLENTIFUL in the drug industry, a new survey by this magazine shows. Most of the jobs pay between \$14,000 and \$25,000. But some range as high as \$45,000.

LAWYERS: CUT YOUR FEES! New York's highest court has ruled that some New York City lawyers must limit their contingent fees in damage suits to 33% of the award, instead of the 50% many have been getting. The court noted a "growing public resentment" against "unreasonable and unconscionable compensation." It added: "When the contingent fee reaches 50%, it ceases to be a measure of due compensation for professional services... and makes the lawyer a partner in the lawsuit."

NEWS BRIEFS

IF YOUR SON WORKS FOR YOU during his summer vacation and uses part of his salary to pay expenses you'd normally meet, can you still deduct his wages as a business expense? Yes, you can, says a recent Internal Revenue Service ruling.

REVENUE SERVICE NOW SAYS IT'LL ACCEPT the recent court ruling that a doctor who had to reside at a hospital needn't pay tax on the lodging he was furnished. At first, the tax men said they'd fight the decision. Now they've decided to follow it in settling similar pending claims.

ANTI-U.M.W. DOCTOR HAS BEEN DEFEATED in his try for a third term in the Kentucky Senate. Dr. J. E. Johnson, whose colleagues recently gave him a distinguished service award for his efforts to get an anti-closed-panel bill enacted, ran second in the Democratic primary in Pike County. The man who beat him: Tom Rainey, former International Board member of the United Mine Workers.

M.D.s' REVOLT against Michigan Blue Shield's controversial \$7,500-income-ceiling contract is gaining steam. In the big Wayne County society, doctors who oppose the contract have elected 47 of a possible 51 state society delegates. They will lead the fight to get the contract changed at the state society's meeting in September.

even if your patient is a boom rat



Logger who rats logs in a "boom"

he'll be pulling down his pay again soon thanks to

PARAFON

(PARAFLEX + TYLENOL®)

for muscle relaxation *plus* analgesia

and in arthritis

PARAFON with PREDNISOLONE

McNeil Laboratories, Inc. • Philadelphia 32, Pa.

prescribe PARAFON in low back pain—sprains—strains—rheumatic pains

Each PARAFON tablet contains:

PARAFLEX Chlorzoxazone 125 mg

A most effective oral muscle relaxant

TYLENOL Acetaminophen 300 mg

The preferred analgesic for painful

musculoskeletal disorders

Dosage: Two tablets t.i.d. or q.i.d.

Supplied: Tablets, scored, pink, bottles of 50

Each PARAFON with PREDNISOLONE tablet contains: PARAFLEX Chlorzoxazone 125 mg, TYLENOL Acetaminophen 300 mg, and prednisolone 1.0 mg.

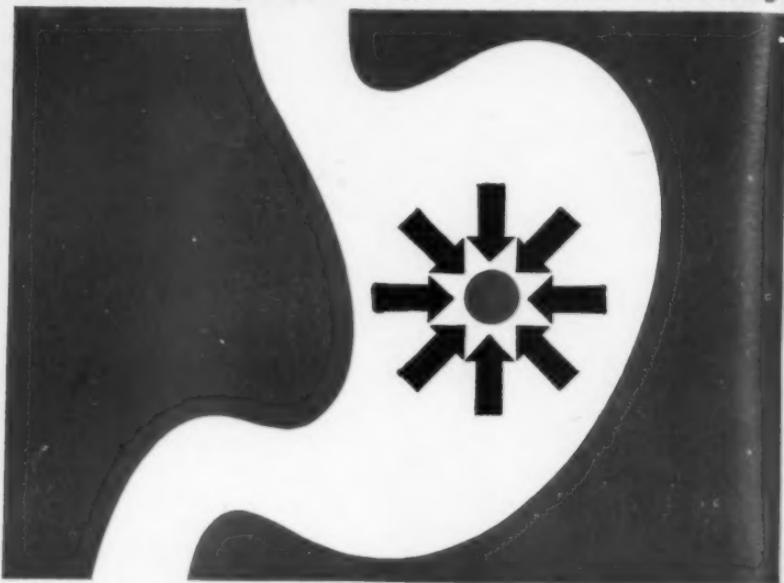
Supplied: Tablets, scored, buff, colored bottles of 26.

Precautions: The precautions and contra-indications that apply to all steroids should be kept in mind when prescribing PARAFON with PREDNISOLONE.

McNeil

U.S. Patent Pending

keep the ulcer in protective custody



Mucotin promotes natural healing two ways:

PHYSICALLY *natural* gastric mucin in Mucotin promptly spreads a protective coat over raw or inflamed tissue—sets up a barrier against enzymatic attack.

CHEMICALLY two proven antacids—evenly dispersed by *natural* gastric mucin—provide continuing neutralization for relief of pain and discomfort.

Mucotin is a soothing adjunct to any peptic ulcer regimen and assures prompt relief in hyperacidity, chronic gastritis and pylorospasm.

Dosage: two pleasant-tasting tablets 2 hours after each meal or whenever symptoms are pronounced.

Each Mucotin tablet contains: *natural* gastric mucin 160 mg. (2½ gr.), aluminum hydroxide gel 250 mg. (4 gr.), magnesium trisilicate 450 mg. (7 gr.)

Mucotin®

the antacid with *natural* gastric mucin • coats the crater • neutralizes acid



Medical Economics

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JUNE 22, 1959

contents

How Doctors Set Fees for Multiple Services 69

If you do three procedures worth \$11, do you ordinarily round off your fee to \$10? Most M.D.s do, this survey shows

How to Find Debtors Who Disappear 71

More patients are moving without paying their bills. Here are the techniques that skip-tracers use to track them down

What I Get Out of My Investment Club 76

Money? There's more to it than that. Here's a play-by-play account of one club member's investment education

Management Memo: Save the First 15 Minutes! . . 81

Spend that part of each day settling routine questions with your office aide, advises this management man

'State Medicine Can't Be Stopped!' 82

After an on-the-scenes study of Britain's National Health Service, a U.S. medical management consultant shatters five popular myths about it and draws a chilling conclusion

More ►

Copyright © 1959 by Medical Economics, Inc. All rights reserved under Universal and Pan-American Copyright Conventions. Published fortnightly at Oradell, N. J. Vol. 36, No. 13. Price 60 cents a copy, \$12.50 a year (Canada and foreign, \$15). Circulation, 154,000 physicians. Address all editorial and business correspondence to MEDICAL ECONOMICS, Oradell, N.J. For change of address, use the form on page 124.

*Do Not Confuse it
with Tranquilizers*

Deaner®

p-acetamidobenzoic acid salt of 2-dimethylaminoethanol

Deaner is a gentle, slow-acting antidepressant —a totally new molecule. It counteracts mild depression, thereby differing from tranquilizers or sedatives which may aggravate depression.

Deaner is unlike ordinary stimulant drugs in that it gradually leads to increased useful energy and alertness, clearer mentation and emotional normalization.

Deaner does not produce the undesirable side effects of amphetamine-like drugs. no hyperirritability or jitteriness, no excessive motor activity, no loss of appetite, no elevation of blood pressure or heart rate, no letdown on discontinuance.

Deaner is indicated in a wide variety of disturbances associated with or caused by mild depression. It is compatible with virtually all other medications.

Deaner also finds a broad area of usefulness in children with short attention span, behavior problems, and learning defects.

Contraindications: Grand mal epilepsy or mixed types of epilepsy with a grand mal component.

DOSAGE: Initially, 1 tablet (25 mg.) daily in the morning. Maintenance dose, 1 to 3 tablets; for children, $\frac{1}{2}$ to 3 tablets. Full benefits may require two weeks or more of therapy.

'Deaner' is supplied in scored tablets containing 25 mg. of 2-dimethylaminoethanol as the *p*-acetamidobenzoic acid salt. In bottles of 100.

In Mild Depression

and many other emotional and behavioral problems



NORTHRIDGE
CALIFORNIA

contents

This Doctor's Sideline Is Mental Telepathy 88

Dr. Robert S. Pavlic has made headlines—and predicted them too—as 'Pavlic the Mentalist'

How to Add Value to Your Life Insurance 90

Heard about life insurance riders? Here's a buyer's guide covering ten different types of them and comparing their respective costs and benefits for you

Home Swimming Pools: the Pros and Cons 95

One buyer in every six or seven is a physician, the big swimming-pool contractors say. But you'd better read these facts and figures before you take the plunge

These Stocks Pay Tax-Free Dividends 100

In today's market, many investment men say 'tax-exempt' stocks are your best source of tax-free income. Here's why

How Doctors Feel About Reminder Notices 111

They think it's desirable to remind patients to come in to the office for check-ups. But only a minority of medical men regularly practice what they preach

How to Get the Best Deal on Your Mortgage 117

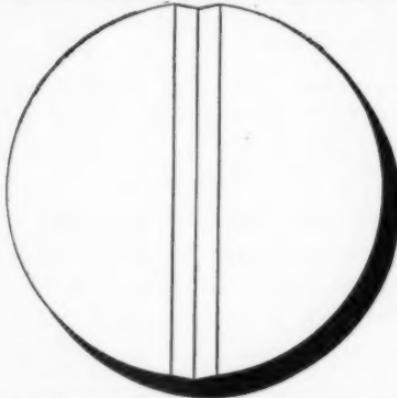
Are you in the market for more mortgage money? You'll find that there's competition among lenders to supply you with it. Here's how to shop for the best deal *More►*

GREATER CONVENIENCE DOUBLE POTENCY

AT LOW COST TO YOUR PATIENT

Pentids '400'

Squibb 400,000 units Buffered Penicillin G Potassium Tablets



For the treatment of penicillin susceptible infections—ranging from mild to moderately severe—due to **hemolytic streptococcus / pneumococcus / staphylococcus** and for the prevention of streptococcal infections where there is a history of rheumatic fever

Clinical effectiveness confirmed by millions of cases

Specific in many common infections
Daily dosage may be spaced without regard to mealtime

Ease of administration with oral penicillin
Economy for the patient

SQUIBB



Squibb Quality—
the Priceless Ingredient

new convenient
oral tablets

PENTIDS '400,' each scored tablet contains 400,000 units of penicillin G potassium buffered, bottles of 12 and 100. Twice the unitage of Pentids 200,000 units.

PENTIDS® is a SQUIBB TRADEMARK.

also available

PENTIDS, 200,000 units of buffered penicillin G potassium per each scored tablet, bottles of 12 and 100, and 500.

PENTIDS FOR SYRUP, 200,000 units of penicillin G potassium per teaspoonful (5 cc.), 12 dose bottles.

PENTIDS CAPSULES, 200,000 units of penicillin G potassium per capsule, bottles of 24 and 100, and 500.

PENTIDS SOLUBLE TABLETS, 200,000 units of penicillin G potassium per tablet, vials of 12 and bottles of 100.

PENTIDS-SULFAS TABLETS, 200,000 units of penicillin G potassium with 0.5 Gm. triple sulfas per tablet, bottles of 30 and 100, and 500.

contents

The Trouble With Science Writers **129**

They popularize the *latest* developments in medicine. And here's why one doctor believes it's impossible to be stylish and scientific at the same time

When You Need a Way With Women **140**

This doctor says it's when you're up against the fears that some of them bring along with female ailments. Here's how to reassure such patients without alienating them

Who Says You Can't Beat Closed-Panel Plans? **151**

These doctors think it can be done. They say they've already won the first two rounds out of court. And now they're set to take a third round in the courtroom

What to Do About Cash When You Go Abroad **158**

Here's what you're likely to need in the way of U.S. and foreign currency, traveler's checks, credit cards, etc.

Beware of This Bad Investment Advice! **162**

Without knowing it, you may be speculating recklessly if you follow these wrong-way approaches when buying securities, says the president of the New York Stock Exchange

Never Admit You're Sick! **166**

If you do, you'll give the gossips a chance to talk—and they'll inflate small headaches into big brain tumors. So you may be hurting your career, this M.D. maintains **More►**

rely on

Sinaxar®

a specific  skeletal muscle relaxant

Chemically unlike any other muscle relaxant, Sinaxar is

- consistently effective in the majority of cases
- long acting: no fleeting effects
- purely a skeletal muscle relaxant . . . free of adverse physical or psychic effects frequently encountered with tranquilizers

DOSAGE: Two tablets three or four times daily.

SUPPLIED: 200 mg. tablets in bottles of 50.

INDICATIONS: Any condition involving skeletal muscle spasm, as **musculoskeletal disorders**: acute and chronic back ache; arthritides; bursitis; disc syndrome; fibrositis; myalgia; myositis; osteoarthritis; following orthopedic procedures; rheumatoid arthritis; spondylitis; sprains and strains; torticollis; **neurologic disorders**: cerebral palsy; cerebrovascular accidents; cervical root syndrome; multiple sclerosis.

ARMOUR



ARMOUR PHARMACEUTICAL COMPANY • KANKAKEE, ILLINOIS

A Leader in Biochemical Research

contents

DEPARTMENTS

News Briefs	1
Letters	17
News	31
G.P.s Snap Up Free Offer to Become Psychiatrists	31
They're Set to Act as Soon as the Keogh Bill Passes	31
Here's a Card for Those Who DON'T Want Credit	32
Gains Made Against Old Birth-Control Laws	32
Now They Study Where to Hang the Shingle	35
'This Hospital Is Sick,' Says Reporter	36
Patient Doesn't Dare Get a Good Month's Sleep	38
New Type of Life Insurance May Face Sudden Death ..	40
Specialists Sue Hospital for Freedom to Bill	44
'To Keep Patients Moving, Keep a Tight Bed Supply' ..	46
Some Hospitals Prosper 'Just Like Food Stores'	50
'Unpopular' Blue Policy outsells Competition	52
Census-Taker Too May Ask About Your Income	52
Bad Press for M.D.s? It's Better Than You Think ..	55
Wife's Aid to Doctor Is a Gift, Not a Loan	55
A Doctor Makes Peace With the Telephone Age	56
'Let's Drive In Here. We're Out of Insurance'	56
Semi-Annual Subject Index	231
Memo From the Editors	250

SHORT FEATURES

Rx for Hospital Consultations	75
Pacifier for Child Patients	87
How Much Vacation?	146
How to Stop a Suit	190
Specialties Are Shifting Rank	210
Anecdotes	105, 138, 172
Cartoons	73, 93, 101, 142, 178



BEN
PEAR

WILL

LA

PICTURE
73, Hon
101, Al
Jack Sch

*"I seem to have the blues all the time...
I can't sleep..."*

in the depressed, unhappy patient
PROMPTLY IMPROVES MOOD
without excitation

- **Acts fast to relieve depression and its common symptoms:**
sadness, crying, anorexia, listlessness, irritability, rumination, and insomnia.
- **Restores normal sleep**—without hang-over or depressive aftereffects.
Usually eliminates need for sedative-hypnotics.

Composition: Each light-pink, scored tablet contains 1 mg. benactyzine HCl and 400 mg. meprobamate.

Dosage: 1 tablet q.i.d.



for depression

Deprol

• WALLACE LABORATORIES, New Brunswick, N. J.
73-9168

Medical Economics

WILLIAM ALAN RICHARDSON, *Editorial Director*

R. CRAGIN LEWIS, *Editor*

DONALD M. BERWICK, *Senior Editor*

LOIS R. CHEVALIER, JOHN R. LINDSEY, *Roving Editors*

HENRY A. DAVIDSON, M.D., *Contributing Editor*

Associate Editors

M. J. GOLDBERG LOIS HOFFMAN

WILLIAM N. JEFFERS. HUGH C. SHERWOOD

RICHARD A. YAHRAES, *Copy Editor*

JOHN A. NALLEY, *Administrative Editor*

BEN ALLEN, *Research Director*

ROBERT L. BRENNER, *News Editor*

PEARL BARLAND, *Research Associate*

JOHN M. MORRIS, *News Associate*

Editorial Contributors

J. E. EICHENLAUB, M.D. HELEN C. MILIUS CLARON OAKLEY
THOMAS J. OWENS EDWIN N. PERRIN

Editorial Assistants

ELIZABETH N. OTTO NANCY J. WALL

WILLIAM L. SERIO, *Art Director* ARTHUR M. OWENS, *Production Editor*

JOSEPH COLEMAN, *Art Production Manager*

Art Associates

KENNETH MUNOWITZ, JANE THEBERGE, PENINA M. WISSNER

Production Associates

ELIZABETH F. BULLIS, RUTH F. JANSSON, PHYLLIS MARCUCCIO,
GRACE M. VOORHIS



LANSING CHAPMAN

Publisher

W. L. CHAPMAN JR.

General Manager

J. E. VAN HOVEN

Production Manager

DOUGLAS B. STEARNS, PHILLIPS T. STEARNS, *Sales Managers*

HOWARD B. HURLEY, *Circulation Director*

PICTURE CREDITS: Cover, 90, Herbert Leech Studios • 46, Photo by Udel Bros. • 71, Phil Gips • 73, Homer Provence • 84, 85, R. Barbour & Sons, Ltd. • 93, Chon Day • 97, Edward Ozern • 101, Al Kaufman • 112, N. Mayer • 117, 166, Robert Guidi • 129, William Crawford • 142, Jack Schade • 152, Tony Basso • 178, Peter Hesse • 220, Frank O'Neal.

athlete's foot



Athlete's Foot — one of the most prevalent and troublesome fungus infections today — is estimated to affect 90% of the population at one time or another. Desenex, containing the unsaturated fatty acid, undecylenic acid, has proved to be one of the most potent antimycotic agents known for effective treatment of superficial fungus infections.

Night and Day Treatment

At Night — Desenex Ointment (zincundecate) — 1 oz. tubes.

During the Day — Desenex Powder (zincundecate) — 1½ oz. container.

Also — Desenex Solution (undecylenic acid) — 2 fl. oz. bottles.

In Otomycosis — Desenex Solution or Ointment.



Write for samples

MALTBIE LABORATORIES DIVISION
Wallace & Tiernan Inc. • Belleville 9, N.J.

Desenex®

FOR ATHLETE'S FOOT

fast relief from itching
prompt antimycotic action
continuing prophylaxis

Letters

One Way to Collect

SIRS: Not long ago, a business executive told me that his firm regularly adds a monthly interest charge to delinquent bills. I decided to try such a collection device in my practice. The results have been remarkably good.

After a reasonable number of bills have gone unpaid, my aide sends the delinquent patient this letter:

"Dear Sir: To defray book-keeping expenses, we customarily add a monthly interest charge to all accounts on which there has been no payment for three months. I hope you'll avoid this added charge by sending us at least a partial payment by the first of next month."

It's amazing how this threat of an extra charge gets results, even though the amount of the penalty is unspecified.

In about one case in four, this stimulates prompt payment. If something is still owing, and if further payments aren't made, I wait another three months before tacking on the interest charge of 3 per cent. But I always figure the amount from the date of the last

payment. No patient has objected to this slight penalty.

I believe that every doctor owes it to his profession to pursue every debt, unless it's a hardship case, until collected. Only in this way can the public learn that a physician deserves to be paid just as much as does the butcher or grocer.

Martin J. Rosten, M.D.
El Cajon, Calif.

Entertainment Deductions

SIRS: In "Down With Entertainment Deductions!" Dr. George Heller says entertainment expenses are actually anticipated fee-splitting; and he questions the morality of deducting them on income tax returns. Dr. Heller is entitled to his own opinion. But as a medical management consultant, I doubt if he'll change the thinking of most of his colleagues. Like businessmen, they realize that the customer who's wined and dined is the customer who buys.

Joseph F. McElligott
New York, N.Y.

SIRS: Love that Dr. Heller! When the 1958 tax season finally ended,

REINFORCED THERAPY FOR REFRACTORY INFECTIONS



ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

NEW

ILOSONE™ SULFA

(propionyl erythromycin ester with triple sulfas, Lilly)

DECISIVE: A fast, decisive resolution of mixed or refractory bacterial infections is obtained with greater certainty when you prescribe Ilosone Sulfa. This safe and logical combination provides the proved efficacy of triple sulfonamide therapy, reinforced with the striking antibiotic effectiveness of new Ilosone™.

DISTINCTIVE: The distinctive yellow tablet is easy to swallow because of its oblong shape and thin wax coating. The coating also conceals the taste of the medication but does not interfere with its rapid absorption. The tablet is scored to allow full flexibility of dosage.

each scored tablet provides:

Ilosone	125 mg.
Sulfadiazine	167 mg.
Sulfamerazine	167 mg.
Sulfamethazine	167 mg.

usual adult dosage: 2 tablets every six hours.

supplied: in bottles of 24 tablets (three days' therapy).

Ilosone™ (propionyl erythromycin ester, Lilly)



Letters

I felt I'd had a bellyful of entertainment deductions from my medical management clients.

One doctor's record of 1958 expenditures contained the entry "Cash—\$50" on the first day of each month. "That's my entertainment deduction," he explained. And this was a country doctor miles away from any other practitioner, whose only imaginable source of referrals was the local veterinarian!

Another doctor insisted on deducting the \$1,100 it cost him to operate his beach house and cabin cruiser. I happen to know they were used almost exclusively by his family.

Then there was the city surgeon who argued: *"All my cocktail parties and dinners are properly deductible. My guests are either patients or prospective patients. Even when I entertain rival surgeons, I invite them because I hope to operate on them when they need it."*

Doctors shouldn't contend that they're no worse about this than corporation men. True, but two wrongs don't make a right.

Management Consultant, U.S.A.

SIRS: Dr. Heller is straining at gnats. How many patients actually

get referred to a specific specialist for the sole reason he's the best in town? Not many. Friendly feelings engendered by friendly gestures play a big part in referrals. Why get excited about it?

Anyhow, I do wish that someone—anyone—would take *me* out for a night on the town.

Lyon Steine, M.D.
Valley Stream, N.Y.

The Arbitrary Insurers

SIRS: As a pathologist who operates a private laboratory, I've run up against a strange situation with commercial insurance carriers. They refuse to pay for out-patient diagnostic work unless it's done in a hospital. This means the patient can go to a hospital that has no pathologist, and have his bill paid, but cannot go to a laboratory such as mine.

Why should this be so? After all, the average hospital laboratory isn't equipped to handle any large number of out-patients. For the patient, it may be quite a trip from the doctor's office to the nearest hospital. And in certain cases—such as the patient with chest pain who needs a diagnostic electrocardiogram—the trip to the hospital may be contraindicated. Even so, the insurance company won't pay for a test done in the physician's office.

If the insurance company has

relieves

ITCHING OF CONTACT DERMATOSES

...found effective
in over 80% of such cases

Temaril® Tablets
Syrup
brand of trimeprazine



relieves itching

 Smith Kline & French Laboratories

Letters

the right to determine where a test shall be done, it also has an obligation to uphold the standards of medical care, and not to downgrade them.

Nadya Konikov, M.D.
Alton, Ill.

Costly Variation

SIRS: Sometimes we doctors explain a fee by reminding the patient it includes a charge for our time. I've just heard about an interesting variation on this theme:

A businessman was invited to attend a local hospital's "follow-up" clinic, held to evaluate results of surgery done a year earlier. He did attend—and then sent the hospital a bill for \$50. When the superintendent asked why, the patient explained that he'd attended the clinic at the request of the hospital staff and for its benefit. "My time," he said, "is worth \$25 an hour."

Payment has been deferred.

N. S. Scarcello, M.D.
Worcester, Mass.

His Phone's a Pay Phone

SIRS: I strongly agree with those who advocate collecting via telephone. Here's how I've been doing it successfully for several years:

Suppose an account has gone four or five months without a payment. The patient has received two statements. I've also sent two personal letters, requesting part payment or at least a word about intention. No response.

Such accounts I label delinquent. Once a month I telephone each newly delinquent patient. I'm always courteous. I ask about the children, and I never mention the statements and letters. I verify the patient's present address and place of employment, then casually say something like: "Your account is all paid except for an item or two five months back amounting to X dollars. Would you like to take care of that?"

Usually the patient expresses surprise that the debt has been overlooked. And he promises to pay. "Many thanks!" I reply. "And while I have the record out, let me just make a note on it when to expect your payment."

At least two-thirds of those I call do come through with payments. Best of all, the patients who pay up come back to me. If I hadn't nudged them into clearing up their debt, I'd have lost them.

I never phone a patient a second time. If he doesn't respond in the following month, the collector gets the account.

M.D., Texas
END

eradicate bacterial infection

prevent monilial superinfection



COSA—natural potentiation with glucosamine
for peak antibiotic serum levels

TETRACYCLINE—antibiotic activity against the broad
range of susceptible organisms

NYSTATIN—antifungal protection against
monilial superinfection

COSA-TETRASTATIN®

glucosamine-potentiated tetracycline with nystatin

capsules

250 mg. glucosamine-potentiated
tetracycline (Cosa-Tetracyn®)
plus 250,000 u. nystatin

oral suspension

orange-pineapple flavored, 2 oz. bottle,
each teaspoonful (5 cc.) contains
125 mg. glucosamine-potentiated
tetracycline (Cosa-Tetracyn®)
plus 125,000 u. nystatin

(Pfizer) Science for the world's well-being

Pfizer Laboratories,
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, N. Y.

Beware
the
'Backlash'
of
Beauty

"Lipstick dermatitis and cheilitis are much more common than is generally believed."¹

Dermatoses resulting from sensitivity to a variety of lipstick ingredients can be avoided by using MARCELLE Lipsticks — another reason to remember and suggest MARCELLE® HYPOALLERGENIC COSMETICS for the patient with a cosmetic allergy or sensitivity.

MARCELLE Lipsticks — available in a full range of colors — are offered in different formulas to eliminate common sensitizers, and to avoid perfumes and the bromofluoresceins. The MARCELLE Lipstick Testing Kit, providing 14 different formulations, enables you to help your patient select a lipstick best suited to her case.

Marcelle COSMETICS



PHARMACEUTICAL DIVISION

350 Madison Avenue, New York 17

Available in Canada through Prof. Sales Corp., Montreal

*Zakon, S. J., et al.: Arch. Dermat. & Syph. 56:499, 1947; abstracted in Birmingham, D. J., and Campbell, P. C., Jr.: Occupational and Related Dermatoses, U. S. Public Health Service Publication No. 364, 1954.

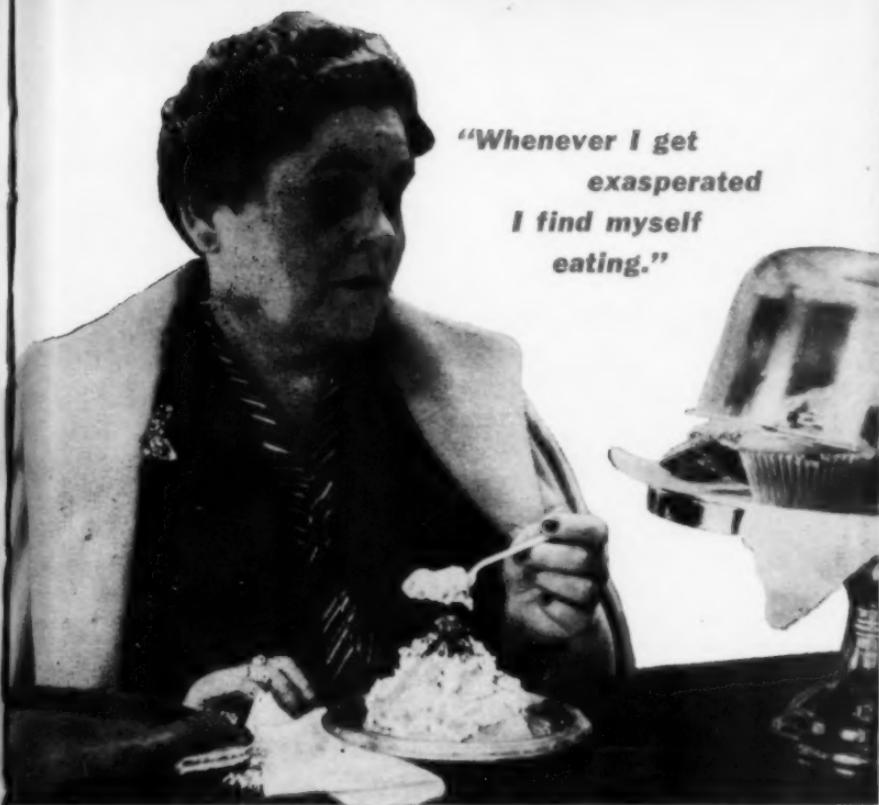
C

Clinic
propo
romo

1. You
Dig.

Each ta

D
M
B



**"Whenever I get
exasperated
I find myself
eating."**

Controls compulsive eating

Clinical studies reveal that emotionally disturbed patients comprise the largest proportion of obese patients.¹ Bontril curbs the compulsive desire to eat by promoting emotional stabilization. Thus, better patient cooperation is assured.

1. Young, C. M., et al. (Study made in School of Nutrition, Cornell University), Am. Pract. Dig. Treat., 6:685, 1955.

Each tablet contains:

Dextroamphetamine Sulfate... 5 mg.
Methylcellulose 350 mg.
Butabarbital Sodium 10 mg.

Dosage is flexible:

$\frac{1}{2}$, 1 or 2 tablets once, twice or three times daily. The usual dosage is one tablet upon arising and at 11 A.M. and at 4 P.M.

BONTRIL

Shrinks the appetite at the hunger peaks

CARNICK

G. W. CARNICK COMPANY • NEWARK 4, NEW JERSEY



Control of acute agitation: as close as this

You are always prepared to cope with acutely agitated patients when SPARINE is in your bag. SPARINE calms the patient quickly, reducing both the emotional and physical manifestations of agitation and apprehension.

The prompt control obtained with injectable SPARINE can be maintained by the use of SPARINE intramuscularly or orally.

Sparine® HYDROCHLORIDE

Promazine Hydrochloride, Wyeth

Injection

Tablets

Syrup



Philadelphia 1, Pa.

Progre
GENE

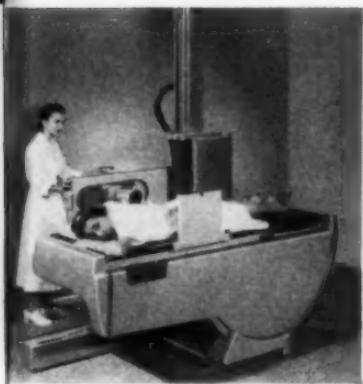
SUSAN'S IDEA TOOK THE WAIT OUT OF THE WAITING ROOM

She kept complaining about my old x-ray machine — said she could accomplish more if only she had that new G-E unit I'd talked about. She'd have fewer retakes too — most of them were caused by the long exposures necessary with low power.

From the day my new Patrician combination arrived I'm sure Susan felt her persistence had turned the trick. (And you know — she is working faster today!)



Patrician speeds x-ray examinations ... and for such modest cost



Progress Is Our Most Important Product

GENERAL  ELECTRIC

You'll find your work load lighter with Patrician's big-table convenience. Best news is 200-ma, 100-kvp power, electronically timed. Self-tending reciprocal Bucky. Finger-tip control of fluoroscopic screen or optional spot-film device. Angulation to 15° Trendelenburg. Automatic Bucky-slot closures for x-ray safety. Ask your G-E x-ray representative for full details.

Or clip coupon for a copy of our fully illustrated catalog.



**X-RAY DEPARTMENT
GENERAL ELECTRIC CO.**

Milwaukee 1, Wisconsin, Rm. C-61

Please send me your 16-page PATRICIAN bulletin
 Facts about deferred payment
 MAXISERVICE® rental

Name

Address

AMBENYL® EXPECTORANT

outstanding combination for relief of cough

Because it contains AMBODRYL,[®] a potent antihistaminic, BENADRYL,[®] the time-tested antihistaminic-antispasmodic, plus three other well-recognized antitussive agents, AMBENYL EXPECTORANT acts swiftly to relieve cough due to colds or allergies and to ease discomfort. It soothes irritation, quiets the cough reflex, decongests nasal mucosa, decreases bronchospasm, and facilitates expectoration.

Each fluidounce of AMBENYL EXPECTORANT contains:

Amphodryl hydrochloride	24 mg.
Benadryl hydrochloride	
(diphenhydramine hydrochloride, Parke-Davis)	56 mg.
Dihydrocodeinone bitartrate	1/6 gr.
Ammonium chloride	8 gr.
Potassium guaiacolsulfonate	8 gr.
Menthol	q.s.
Alcohol	5%

Supplied in 16-ounce and 1-gallon bottles.

Dosage: Every three or four hours—adults, 1 to 2 teaspoonfuls; children, $\frac{1}{2}$ to 1 teaspoonful.



PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

70155

soothes
irritation
quiets
cough
and
tastes
good
too



BASIC

THERAPY



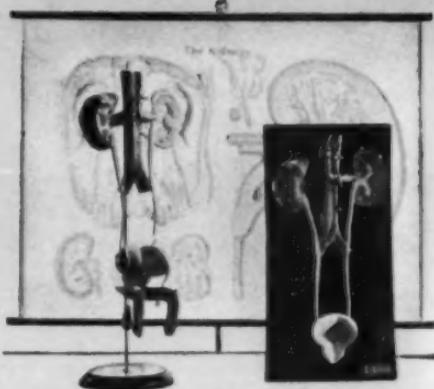
for the skin
troubled by
rash
chafing
irritations
lacerations
ulcerations
burns
rawness

DESITIN
OINTMENT
THE PIONEER EXTERNAL
COD LIVER OIL THERAPY
soothing • protective • healing

professional samples of Desitin Ointment on request

DESITIN CHEMICAL COMPANY, 812 BRANCH AVE., PROVIDENCE 4, R. I.

in genitourinary
tract infections



6,800,000

courses of treatment* and still negligible
development of bacterial resistance with

FURADANTIN®

brand of nitrofurantoin

"... may be unique as a wide-spectrum antimicrobial agent
that . . . does not invoke resistant mutants."

Waisbren, B. A., and Crowley, W.: A.M.A. Arch. Int. M. 95:653, 1955.

Available as Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

*Conservative estimate based on the clinical use of FURADANTIN Tablets and Oral Suspension since 1953.
Illustration through courtesy of Clay-Adams, Inc., New York

NITROFURANS—a unique class of antimicrobials—neither antibiotics nor sulphonamides
EATON LABORATORIES, NORWICH, NEW YORK

News • News • News

G.P.s Snap Up Free Offer To Become Psychiatrists

Quite a few physicians seem glad to drop general practice and become psychiatrists—if Washington will pay for their extra training. The Government learned this recently when it offered stipends of up to \$12,000 a year to stake practitioners to three-year psychiatric residencies.

"The interest in the program has far exceeded our expectations," says a spokesman for the National Institute of Mental Health. Doctors applied to medical schools and residency-training centers for the grants—and in such numbers that no more applications could be accepted after three and a half months. By that time, the institute had provided 103 grants, totaling "slightly in excess of the amount appropriated" by Congress.*

Whether any new applicants will be accepted for the next fiscal year seems up to Congress. The Administration's budget calls for the same amount for the residency program as last year. This means that the

program's funds would all be needed to finance the second year's residency for current grant-recipients.

But Washington observers think there's a good chance that Congress will be more generous to the program than the Administration's fiscal experts have recommended.

They're Set to Act as Soon As the Keogh Bill Passes

Some doctors are getting ready now to start benefiting from the Keogh bill if it passes the Senate and becomes law this year. They're preparing to convert their present retirement savings programs into tax-deferred pension funds.

One such group of forward-looking doctors is the Los Angeles Physicians Retirement Association. It has been helping its physician-members by buying mutual fund shares at the discount for volume purchases.

Now Dr. Arthur A. Kirchner,

*The average stipend is about \$10,000. The grants were made from \$1,300,000 budgeted for physicians' psychiatric training. This training also includes post-graduate psychiatric courses for non-psychiatrists.



Kirchner

You design it...
we print it!



A unique service

Your own personally designed case history forms at just about stock form prices.

You design your form in rough pencil sketch — we refine it to a finished product.

Only we, the makers of famous "Histacount" products, have the know how and organization to render this service at such low prices.

WRITE FOR DETAILS.

PROFESSIONAL
PRINTING COMPANY, INC.
10 HISTACOUNT BUILDING
NEW HYDE PARK, N.Y.

News • News

the association's president, and other officers have made advance arrangements with a local bank. They're set to transfer the holdings to a retirement trust eligible for the Keogh tax deferment—when and if.

Here's a Card for Those Who DON'T Want Credit

For the doctor who *likes* to pay cash, there's a "non-credit" card available. It's called the Rozee Bonus Card. It costs \$5 a year and gives cardholders a 10 per cent cash allowance at almost 3,000 U.S. and Canadian restaurants, hotels, motels, service stations, and so on.

Says the card's originator, L. B. Rozee: "About 8 or 10 per cent of the public wants credit. Our card is for the rest. Take the family that spends \$500 or \$600 on its vacation and eats out once a month; we can save them about \$70 a year."

Prospective club members are told how different the Rozee card is from credit cards. "Instead of running up large monthly tabs," says the club, "you pay cash and save cash."

Gains Made Against Old Birth-Control Laws

Doctors who've been challenging ancient anti-birth-control laws have made new gains in two states. A New Jersey court has ruled one

NEW G.I. DOSAGE FORM

FOR DOSAGE ADJUSTABLE TO
THE MEASURE OF THE MAN



Milpath®-200

200 mg. Miltown® + 25 mg. anticholinergic

**½ strength Miltown (200 mg.) with
full-level anticholinergic (25 mg.)**

...When the G.I. patient requires *increased anticholinergic effect* with normal levels of tranquilization, prescribe 2 Milpath 200 t.i.d., or as needed.

...When the G.I. patient requires long-term management with established anticholinergic levels but with *lower levels of tranquilization*, prescribe 1 Milpath 200 t.i.d., or as needed.

Two dosage forms of Milpath are now available

MILPATH 200—Each yellow, coated tablet contains 200 mg. meprobamate and 25 mg. tridihexethyl chloride.

DOSAGE: 1 or 2 tablets t.i.d. at mealtime and 2 tablets at bedtime.

MILPATH 400—Each yellow, scored tablet contains 400 mg. meprobamate and 25 mg. tridihexethyl chloride.

DOSAGE: 1 tablet t.i.d. at mealtime and 2 tablets at bedtime.

Both forms supplied in bottles of 50 tablets.



WALLACE LABORATORIES New Brunswick, N.J.

When other G. I. therapy failed
because of troublesome side effects

Milpath®

[®]Miltown + anticholinergic

controlled symptoms in 90% of
cases with complete freedom
from side effects in 85%[†]

Milpath minimizes the
"troublesome triad"
of G. I. therapy

BLURRED VISION

DRY MOUTH

Now - two forms for adjustable dosages

Milpath-400 — Yellow, scored tablets of 400 mg. meprobamate and 25 mg. tridihexethyl chloride (formerly supplied as the iodide). Bottle of 50.

Milpath-200 — Half-strength Miltown (200 mg.) with full-level anticholinergic (25 mg.). Yellow, coated tablets. Bottle of 50.

[†]Bande, J. Am. J. Gastroenterol. 30:600, Dec. 1958.

 **WALLACE LABORATORIES** New Brunswick, N. J.

such law unconstitutional. And three Connecticut clergymen have joined a doctor in trying to get the law repealed in that state.

The New Jersey law didn't ban contraceptive sales. It merely said they couldn't be sold or distributed "without just cause." Now a county court judge has ruled the law unconstitutional on grounds its wording is "so vague and indefinite" as to make it meaningless.

The Connecticut statute isn't vague. It bans both the sale of contraceptives and the giving of birth-control advice. Dr. Charles Lee Buxton of the Yale medical school is challenging this in a suit

News • News • Ne

pending before the state Supreme Court. Now three Protestant ministers are also seeking to have the law revoked. They say it limits their religious freedom by interfering with their right to counsel parishioners on use of contraceptives.

Now They Study Where To Hang the Shingle

Add to the subjects in today's medical school curriculum: "How to choose a location and get started in practice." Virginia's two medi-

never any compromise with quality

May Ophthalmoscope and Arc-Vue
Otoscope with the luxury look-and-feel.

Brilliant illumination,
superlative optics. Bayonet
lock, nylon specula,
lifetime satin-finish
aluminum. Choice of
battery handles.
Sleek pocket case.

BAUSCH & LOMB



ws • News • News

cal schools now devote a seminar to the topic. It's sponsored by the Virginia Council on Health and Medical Care, an organization which has helped more than 225 physicians with their placement problems.

The seminars cover down-to-earth details connected with finding a desirable spot, evaluating its professional possibilities, and establishing rapport with potential patients.

'This Hospital Is Sick,' Says Reporter After Inside Look

"It's enough to make me run from any hospital!" That's the lay reaction to a graphic newspaper account of one hospital's bedsores, staph, malpractice fears, personnel shortages, overcrowded conditions, bad food, and "outmoded tradition."

These aspects of a city hospital's seamy side were spotlighted recently in *The New York Post*. Reporter Gael Greene gathered material for a dramatic, tabloid-style series by working as a nurse's aide for two months.



Greene

"Fordham [municipal hospital in New York City] was a house of miracles and of nightmares," she observed. "There I found feces baked into bedpans in the obstetrics ward... new mothers lying day after day in blood-stained sheets... a patient with undetected tuberculosis lying in a ward for months because an X-ray somehow never got taken... [Yet] in the midst of chaos, inefficiency, apathy, and want, healing triumphed [and] lives were saved."

Through twelve articles, Miss Greene took her public "Inside a City Hospital." With what effect? Miss Greene herself says she's received hundreds of letters.

As for doctors, Miss Greene says three of them checked her medical points before the series went to press. She says they and several other medical men told her they were glad the newspaper was "saying things that professional ethics kept them from disclosing."

Conspicuous in its silence has been the New York City Department of Hospitals. One member of the department remarks unofficially: "The series didn't tell us anything we didn't already know. We know we have to work with serious shortages. But we looked into the charges the Post made. Some were based on extreme, rare cases. Most were silly." *More* ▶

reduces anginal attacks
and fear of attacks

protects against pain
by sustained coronary
vasodilatation
and control
of complicating and
triggering
emotions

reduces fear of attacks
reduces severity of attacks
reduces frequency of attacks
reduces dependence on nitroglycerin
increases workload tolerance

Supplied: Tablets, vials of 50. Each tablet
contains 200 mg. of meprobamate and
10 mg. of pentaerythritol tetranitrate.

EQUANITRATE*

Meprobamate and Pentaerythritol
Tetranitrate, Wyeth

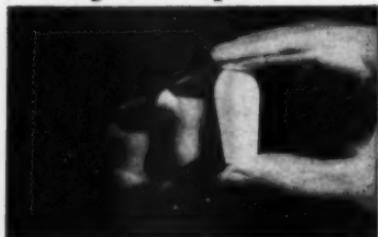


by
Philadelphia, Pa.



*Trademark

IN
VAGINITIS
94%
EFFECTIVE*
*Against the
WHOLE
Vaginitis Spectrum*

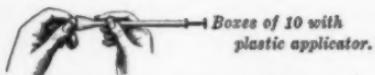


MILIBIS®
Vaginal
Suppositories

A clinical study including 510 patients with vaginitis of trichomonal, monilial or mixed bacterial (nongonococcus) origin showed that Milibis Vaginal Suppositories promptly stopped leukorrhea and promoted restoration of normal vaginal flora in 94% of the cases.

*Shanphy, J.F.: *New York Jour. Med.*, 53:1335, May 1, 1955.

Milibis Vaginal Suppositories are well tolerated, easy to use (1 every other night), well accepted by patients.



Sanitary • Assures correct placement.

Winthrop LABORATORIES
NEW YORK 18, N.Y.

Milibis (brand of glycerbalsol), trademark reg. U.S. Pat. Off.

News • News

Has the series changed Fordham Hospital? Officials say there's little to change. But Miss Greene heard from a pediatrics patient's mother that her child's care showed a marked improvement after the articles appeared. And visiting hours have been liberalized in children's wards. Miss Greene had advocated putting an end to visiting restrictions for all patients—and putting the visitors to work caring for patients' nonmedical needs.

Other changes she recommends on the basis of her two months in a hospital include:

¶ "Encourage an atmosphere of patient-directed, rather than staff-directed, concern."

¶ "Publicize a standard of conduct for physicians in hospitals" with doctors free to call attention to "substandard practices of a colleague."

¶ "Make better utilization of staff skills." Example: Don't make "a busy surgeon . . . write out copious reports; let him dictate into a recording machine."

Patient Doesn't Dare Get A Good Month's Sleep

Patients who don't want to follow medical advice come up with some ingenious excuses. Now one is beginning off from treatment because of the Middle East situation.

According to The New York

enables your patient to escape
peptic ulcer symptoms

PRANTAL

Relief from gastric hypermotility and hypersecretion by PRANTAL aids physiological healing of the ulcer. With his freedom from pain and other distressing ulcer symptoms, your patient feels secure in his personal relationships, relatively certain of freedom from exacerbations.

Rx the form that's best for him
for *adjusting dosage*—PRANTAL Tablets, 100 mg.
for *prolonged relief*—PRANTAL REPEATABS, 100 mg.
with *sedation*—PRANTAL with Phenobarbital Tablets,
100 mg. with 16 mg. phenobarbital.

PRANTAL® Methylsulfate, brand of diphenoxylate methylsulfate.
REPEATABS® Repeat Action Tablets.

SCHERING CORPORATION • BLOOMFIELD, NEW JERSEY

PL 2-620

VS • News • News

Daily News, the Imam of Yemen has refused to try a month-long "deep sleep cure" prescribed by his Italian doctors. The Imam's reported to figure that if he dozes off that long, his regent Prince Ahman al Badir may take the opportunity to seize the Arab country's throne.

Doctors reportedly prescribed the radical hibernation to treat narcotics poisoning the Imam contracted from drugs he takes for his arthritis. He was also told to cut down visits from members of his 200-woman harem for the time being.

Tires Wearing Out Faster? 'It's the New Cars'

Doctors and others who drive a lot are probably buying new tires oftener these days. Why? Tire engineers blame it on the new cars.

"We develop a tire that'll wear longer, and Detroit designs a car that cancels out most of its advantages," complains an Akron tire man. Here are some of the new-car "conveniences" he and other engineers say are shortening the life of tires:

¶ Higher horsepower, power brakes, and power steering all add to tread-burning friction.

¶ The new 14-inch wheels, since they revolve oftener than 15-inch

wheels, are harder on tires. A company fleet manager interviewed during a survey by The Wall Street Journal figures the mileage loss at 25 per cent.

¶ The "soft" ride that car manufacturers achieve by recommending low air pressures overloads the tires. According to the Tire and Rim Association, one make of luxury car, with tires inflated to Detroit-recommended pressures, is overloaded by 16 pounds the minute an average driver gets in.

Tires get their worst beating traveling over hot pavement at high speeds. So drivers in the Midwest, Southeast, and Southwest sections of the country have the most tire trouble, the survey shows.

Anywhere, tire men say, a motorist is wise to boost his tire pressure four pounds over normal before a long, fast turnpike trip.

New Type of Life Insurance May Face Sudden Death

One type of life insurance that many doctors recently have been buying may be on its way out. It's called "minimum-deposit" insurance,* and one state's Superintendent of Insurance is expected to issue regulations soon that will put it on the skids.

Minimum-deposit contracts can give substantial coverage for very

*See "New Low-Cost Life Insurance," MEDICAL ECONOMICS, Feb. 2, 1959.

QUESTION:

Why is Bellergal an unusually effective adjunct in functional gynecologic disorders?

ANSWERS:

Quoted from published reports of leading clinicians.



"A more uniform and prolonged relief of tension [and other major complaints of functional gynecologic disorders] may now be obtained by use of Bellergal Spacetabs." (Stewart, R. H.: *West. J. Surg.* 64:650, Dec. 1956.)

"...of 125 women who presented climacteric symptoms...73 responded [to a 2 to 4 week course of Bellergal therapy] so well that the dose was reduced...or the drug was completely discontinued. Some now only take a few tablets to help them through critical situations...." (Kavinoky, N. R.: *J. Am. M. Women's A.* 7:294, Aug. 1952.)



"...the combination of drugs present in Bellergal served admirably [in premenstrual tension and disturbances of the menopause] in the reduction of symptoms, both as to degree and number. The improved sense of well-being offers satisfactory evidence that such patients may derive considerable benefit from this simple method of treatment." (Craig, P. E.: *M. Times* 81:485, July 1953.)

"...of 303 gynecologic patients [premenstrual tension, dysmenorrhea, menstrual irregularity, postmenstrual tension]...a total of 90 per cent of the cases were benefited by the use of this drug." (MacFadyen, B. V.: *Am. Pract. & Digest. Treat.* 2:1028, Dec. 1951.)



for functional disorders
of
menstruation and menopause



BELLERGAL® Spacetabs®

effectively relieve distress of
hot flashes...sweating...
headache...fatigue...irritability...
palpitation...insomnia

BELLERGAL SPACETABS

Bellafofine 0.2 mg., ergotamine tartrate 0.6 mg., phenobarbital 40.0 mg.
Dosage: 1 in the morning, and 1 in the evening.

BELLERGAL TABLETS

Bellafofine 0.1 mg., ergotamine tartrate 0.3 mg., phenobarbital 20.0 mg.
Dosage: 3 to 4 daily. In more resistant cases, dosage begins with 6 tablets daily and is slowly reduced.



NOW
*... a new way
to relieve pain
and stiffness
in muscles
and joints*



INDICATED IN:

MUSCLE STIFFNESS

LUMBOSACRAL STRAIN

SACROILIAC STRAIN

WHIPLASH INJURY

BURSITIS

SPRAINS

TENOSYNOVITIS

FIBROSITIS

FIBROMYOSITIS

LOW BACK PAIN

DISC SYNDROME

SPRAINED BACK

"TIGHT NECK"

TRAUMATIC STRAINS
AND BRUISES

POSTOPERATIVE
MYALGIA

- Exhibits unusual analgesic properties, different from those of any other drug ■ Specific and superior in relief of SOMATIC pain
- Modifies central perception of pain without abolishing natural defense reflexes ■ Relaxes abnormal tension of skeletal muscle

SOMA

N-isopropyl-2-methyl-2-propyl-1, 3-propanediol dicarbamate

- more specific than salicylates ■ less drastic than steroids
- more effective than muscle relaxants

SOMA has an unique analgesic action. It apparently modifies central pain perception without abolishing peripheral pain reflexes. SOMA is particularly effective in relieving joint pain. Patients say that they feel better and sleep better with SOMA than with any previously used analgesic, sedative or relaxant drug.

SOMA also relaxes muscle hypertonia, with its stresses on related joints, ligaments and skeletal structures.

ACTS FAST. Pain-relieving and relaxant effects start in 30 minutes and last 6 hours.

NOTABLY SAFE. Toxicity of SOMA is extremely low. No effects on liver, endocrine system, blood pressure, blood picture or urine have been reported. Some patients may become sleepy on high dosage.

EASY TO USE. Usual adult dose is one 350 mg. tablet 3 times daily and at bedtime.

SUPPLIED: Bottles of 50 white sugar-coated 350 mg. tablets.

Literature and samples on request.



WALLACE LABORATORIES, NEW BRUNSWICK, N. J.

ws • News • News

low cash outlay. They do it by granting a high cash value the first year they're bought, then letting the buyer borrow against this cash value to pay part of his premium. (Ordinary life contracts usually have no first-year cash value.)

But many insurance men say this type of contract just isn't working out. For one thing, they recently told New York insurance officials, the low cash outlays it requires have led many people to sign up for more coverage than they can afford.

So the New York Superintendent of Insurance is expected to issue regulations early next month that, in effect, outlaw the granting of high first-year cash values.

The ruling won't affect doctors who already have minimum-deposit contracts. But insurance men say it'll probably discourage the sale of such policies in New York and throughout the country too.

Specialists Sue Hospital For Freedom to Bill

Can a hospital legally hire a specialist and bill patients for his services? That's a question only a handful of states have answered.

to relieve pain, cramps, depression in

DYSMENORRHEA

EDRISAL

analgesic antispasmodic antidepressant

Also available: 'Edrisal with Codeine' (1/4 gr. & 1/2 gr.)

® 2
tablets
every
3
hours



Smith Kline & French Laboratories

New revitalizing tonic brightens the second half of life!

Ritonic™

A sense of frustration and inadequacy, faulty nutrition, waning gonadal function—RITONIC meets all these problems of middle age and senile let-down. The unique combination of RITALIN, the safe central stimulant, with a balanced complement of vitamins, calcium, and hormones acts to renew vitality, re-establish hormonal and anabolic benefits, and improve nutritional status.

"We found Ritonic to be a safe, effective geriatric supplement . . ."¹ "Patients reported an increase in alertness, vitality and sense of well being."²



PRESCRIBE RITONIC

for your geriatric patients, your middle-aged patients and your postmenopausal patients.

Each Ritonic Capsule contains:

Ritalin® hydrochloride	5 mg.
methyltestosterone	1.25 mg.
ethinyl estradiol	5 micrograms
thiamin (vitamin B ₁)	5 mg.
riboflavin (vitamin B ₂)	1 mg.
pyridoxin (vitamin B ₆)	2 mg.
vitamin B ₁₂ activity	2 micrograms
nicotinamide	25 mg.
dicalcium phosphate	250 mg.

Dosage: One Ritonic Capsule in mid-morning and one in mid-afternoon.

Supplied: Ritonic CAPSULES; bottles of 100.

References: 1. Natenson, A. L.: J. Am. Geriatrics Soc. 6:534 (July) 1958.

2. Bachrach, S.: To be published.

RITALIN® hydrochloride (methylphenidate hydrochloride CIBA)

C I B A

© 1958 CIBA

News • News • News

clearly. Meanwhile, many specialists work under percentage arrangements with their hospitals and wonder whether they're legally in the clear.

Now there's a new move to clear up the uncertainty. Three radiologists are suing their county hospital for the right to bill directly all private patients they treat.

This latest to-do is between Drs. Henry E. Plenge, John F. Boniface, and Thomas F. Jackson, and the Spartanburg (S.C.) General Hospital. Here's how Dr. Plenge explains it:

"We've been unhappy with the operation of the X-ray department for two reasons. First, radiology is considered a hospital, not a medical, service; so we can't elect our own chief of service. Also, we're not paid in proportion to the work we do.

"I joined the hospital on a percentage basis. But in 1956 they put a ceiling on my income. Shortly thereafter, the two other radiologists who are suing joined the staff. A ceiling was put on their incomes, too. We tried for months to get the hospital to base our pay on the volume of work each man did. But we failed.

"What we're after now is the right to elect our own chief of serv-

ice and to practice medicine in the hospital without discrimination. We want to bill our private patients directly, the same way the staff surgeons, internists, and G.P.s do."

What do other radiologists around the country think of the suit? "It's an unusual one," says William C. Stronach, executive director of the American College of Radiology. "Although direct billing of patients by hospital radiologists is more prevalent now than it was ten years ago, I don't know of any other radiologists who have gone to court to get it. We're awaiting the decision with interest."

'To Keep Patients Moving, Keep a Tight Bed Supply'

Should hospitals deliberately operate with such a tight bed supply



Nelson

that they build up a long waiting list for elective operations? One prominent physician says such a plan is worth considering. Annoying as the shortage may be to doctors, he thinks it's one sure way to prevent unnecessary hospitalization.

According to Dr. Russell A. Nelson, director of Johns Hopkins Hospital and president-elect of the

now —

control

*virtually
all runaway
diarrheas...
promptly,
effectively
with*



Donnagel®

or Donnagel® with Neomycin



Prompt and more dependable control of virtually all diarrheas can be achieved with the comprehensive DONNAGEL formula, which provides adsorbent, demulcent, antispasmodic and sedative effects—with or without an antibiotic. Early re-establishment of normal bowel function is assured—for all ages, in all seasons.

DONNAGEL: In each 30 cc. (1 fl. oz.):

Kaolin (90 gr.)	6.0 Gm.
Pectin (2 gr.)	142.8 mg.
Hyoscamine sulfate	0.1037 mg.
Atropine sulfate	0.0194 mg.
Hyoscine hydrobromide	0.0065 mg.
Phenobarbital (1/4 gr.)	16.2 mg.

DONNAGEL WITH NEOMYCIN

Same formula, plus
Neomycin sulfate 300 mg.
(Equal to neomycin base, 210 mg.)

A. H. ROBINS CO., INC., Richmond 20, Virginia • Ethical Pharmaceuticals of Merit since 1878

DIUPRES
plus other
antihypertensive
agents

with DIUPRES,
fewer patients
require addition
of other anti-
hypertensive
agents.

DIUPRES
alone

DIUPRES
is adequate
by itself
for many
hypertensives

DIUPRES PROVIDES "BROAD-BASE" ANTIHYPERTENSIVE THERAPY
...is effective by itself in a majority of patients with mild or moderate
hypertension, and even in many with severe hypertension

DIUP

MSD

greatly improved
and simplified management
of
hypertension

DIUPRES

DIURIL, WITH RESERPINE

the first "wide-range" antihypertensive—effective in mild, moderate, and severe hypertension

- more hypertensives can be better controlled with DIUPRES alone than with any other agent...with greater simplicity and convenience, and with decreased side effects
- can be used as total therapy or primary therapy, adding other drugs if necessary
- in patients now treated with other drugs, can be used as replacement or adjunctive therapy
- should other drugs need to be added, they can be given in much lower than usual dosage so that their side effects are often strikingly reduced
- organic changes of hypertension may be arrested and reversed...even anginal pain may be eliminated
- patient takes one tablet rather than two...dosage schedule is easy to follow
- economical

DIUPRES-500

500 mg. DIURIL (chlorothiazide),

0.125 mg. reserpine.

One tablet one to three times a day.

DIUPRES-250

250 mg. DIURIL (chlorothiazide),

0.125 mg. reserpine.

One tablet one to four times a day.

 **MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.**

DIUPRES AND DIURIL (CHLOROTHIAZIDE) ARE TRADEMARKS OF MERCK & CO., INC.

vs. News • News

American Hospital Association: "The greatest pressure to avoid unnecessary use of hospital beds and protracted stays is . . . the long list of patients waiting to be hospitalized."

Why? Because the physicians of waiting patients keep prodding the hospitals. The hospitals in turn "exert continuous pressure on the medical staff, and through them on patients, for earlier discharge."

Dr. Nelson says the bed squeeze has combined with earlier ambulation and antibiotics to make things easier for Maryland hospitals. In twenty Blue Cross hospitals, a patient's stay averaged 9.3 days in 1948. But by 1957 the average stay had been sliced to 7.7 days, or a saving of more than a day and a half per patient.

Some Hospitals Prosper 'Just Like Food Stores'

Can a hospital that's out for profit hold its own against rising costs? Across the nation, the answer seems to be no. There are far fewer proprietary hospitals in the U.S. today than there were ten years ago.

But it's a different story in some of the big new suburban areas. In one of them, at least—Southern California—proprietary hospitals

are reversing the national trend.

In just four years, the number of proprietary hospitals in Southern California has risen 49 per cent. In the same period the number of voluntary hospitals there has grown only 20 per cent.

Why this spectacular exception to the trend? One answer is Southern California's population growth. Another answer was turned up by The Wall Street Journal recently in a survey of the Southern California situation.

Proprietary hospitals, the newspaper concludes, manage to dodge some of the costs faced by voluntary hospitals. The proprietaries don't generally buy "expensive equipment that would have a low rate of patient-usage." They don't train internes, nurses, or medical technicians. And they don't support much research.

Added one hospital spokesman: "Most of these proprietaries are quite small [fifty to a hundred beds] and go after the most profitable cases, such as appendectomies, leaving the less profitable cases to bigger hospitals."

How well are the proprietary hospitals doing financially? Some report last year's earnings at from 4 to 7 per cent of invested capital. But not all the hospital operators are eager to announce their profits. And one Southern California investor frankly hopes for "at least



in vaginitis

TRICOFURON®

destroys all 3 principal pathogens

IMPROVED

Whether vaginitis is caused by Trichomonas, Monilia or Hemophilus vaginalis—alone or combined—TRICOFURON IMPROVED swiftly relieves symptoms and malodor, and achieves a truly high percentage of cultural cures, frequently in 1 menstrual cycle. TRICOFURON IMPROVED provides: a new specific moniliacide MICOFUR® brand of nifuroxime, the established specific trichomonacide FUROXONE® brand of furazolidone and the combined actions of both against Hemophilus vaginalis.

1. Office insufflation once weekly of the Powder (MICOFUR [anti-5-nitro-2-furaldoxime] 0.5% and FUROXONE 0.1% in an acidic water-soluble powder base). 2. Continued *home* use twice daily, with the Suppositories (MICOFUR 0.375% and FUROXONE 0.25% in a water-miscible base).



NEW BOX OF 24 SUPPOSITORIES WITH APPLICATOR
FOR MORE PRACTICAL AND ECONOMICAL THERAPY.

NITROFURANS—a new class of antimicrobials—neither antibiotics nor sulfonamides.



EATON LABORATORIES, NORWICH, NEW YORK

WS • News • News

a 20 per cent return" on a hospital that's going to be constructed at La Mesa.

This investor, David Seymour, president of Lake Murray Hospitals, Inc., says his company also has its eye on other "growth areas around the country [that] lack hospital facilities. Accountants tell us these hospitals can be quite profitable," he adds. They're "a bread and butter item—just like food stores."

'Unpopular' Blue Policy Outsells Competition

Can the Blue plans' extended-benefit contracts compete with commercial major medical coverage? Many Blue plan officials complain that they can't. But now one state's Blue Cross-Blue Shield says it's not only holding its own in this area, but actually outselling the commercial carriers.

The successful plan is Delaware's extended-benefit program. Delaware Blue plan officials say commercial major medical programs haven't lured away a single group subscriber since the Blue coverage went on sale in 1955. The commercial major medical competition "seems to have diminished rather than increased," note the Blue plan spokesmen. In fact, they

add, half a dozen large companies have picked their plan "over a commercial major medical proposal... in direct competitive situations."

Why has the extended-benefit plan, often discounted elsewhere, sold so well? Spokesmen cite its small additional cost—an increase of \$1 per month over the basic program for an individual, and \$2 more for groups. For this, it ups hospitalization to a maximum of 730 days and \$10,000. It also pays doctor bills not exceeding \$3 a day for in-hospital visits and \$4 a day for out-patient visits.

Another attraction of the Delaware plan is that it can afford to underwrite small groups that major medical plans usually shy away from. It has been enrolling companies with as few as ten employees. And now coverage may be offered to even smaller groups. Says a Blue plan executive: "We have a waiting list."

Census-Taker Too May Ask About Your Income

"What do you earn? How much is your home worth?" These questions are coming from census-takers next year. One family in four will be asked to fill out questionnaires covering such personal data.

The Government assures people who are reluctant to disclose financial matters that data gathered for

FOR PROVEN MENOPAUSAL BENEFITS with extra relief from anxiety and tension

The vast majority of menopausal women, especially on the first visit, are nervous, apprehensive, and tense. PMB-200 or PMB-400 gives your patient the advantage of extra relief from anxiety and tension, particularly when the patient is "high strung," under prolonged emotional stress, or when psychogenic manifestations are acute.

Proven menopausal benefits are confirmed by the wide clinical acceptance of "Premarin,"

specifically for the relief of hot flushes and other symptoms of estrogen deficiency, together with the well established tranquilizing efficacy of meprobamate.

Two potencies to meet the needs of your pa-

tients: PMB-200—Each tablet contains conjugated estrogens equine ("Premarin") 0.4 mg., and 200 mg. of meprobamate. When greater tranquilization is necessary you can prescribe PMB-400—Each tablet contains conjugated estrogens equine ("Premarin") 0.4 mg., and 400 mg. of meprobamate. Both potencies are available in bottles of 60 and 500.

AYERST LABORATORIES
New York 16, N.Y.
Montreal, Canada



PMB 200

"PREMARIN" WITH MEPROBAMATE*



*MEPROBAMATE, LICENSED UNDER U. S. PAT. NO. 2,724,720, 5/5/57.



the complaint: "nervous indigestion"

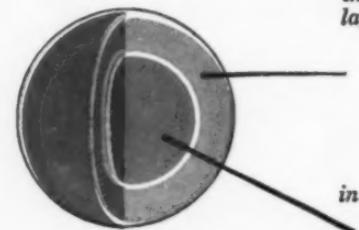
the diagnosis: any one of several nonspecific gastrointestinal disorders requiring relief of symptoms by sedative-antispasmodic action with concomitant digestive enzyme therapy. **the prescription:** a new formulation, incorporating in a single tablet the actions of Donnatal and Entozyme. **the dosage:** two tablets three times a day, or as indicated.

the formula: in the gastric-soluble outer layer:

Hyoscyamine sulfate	0.0518 mg.
Atropine sulfate	0.0097 mg.
Hyoscine hydrobromide	0.0033 mg.
Phenobarbital (1/8 gr.)	8.1 mg.
Pepsin, N.F.	150 mg.

in the enteric-coated core:

Pancreatin, N.F.	300 mg.
Bile salts	150 mg.



DONNAZYME

TM

A. H. ROBINS COMPANY, INCORPORATED • RICHMOND 20, VIRGINIA

the census is confidential. Not even the tax collector sees information that's collected from individual families.

Those who refuse anyway to confide in the census-taker face a \$100 fine and sixty days in jail—theoretically. But the Census Bureau reports that it has never found it necessary to impose the penalty; so far, persuasion has always done the trick.

Bad Press for M.D.s? It's Better Than You Think

Is it actually true that medicine gets a bad press? One well-posted medical society official doesn't think so. He has this advice for doctors who are sensitive to critical publicity:

Keep a box score of everything good and bad that the newspapers print about the profession, and you'll be "much happier."

Theodore Wiprud, executive director of the District of Columbia Medical Society, tells this story to back up his point:

An editorial in a Washington newspaper fired a broadside at doctors. It recounted the trials of an individual who'd made twenty phone calls late one night before finding a doctor to treat him. "No mention was made of the fact that if [the individual had called] the society's telephone exchange, Medical Bureau, he would have

News • News • N

obtained a physician without delay," Wiprud says.

Promptly local doctors protested to the newspaper. Soon an editorial appeared in the same space, with friendly words about the neglected Medical Bureau.

And did the doctors warm to the newspaper's change of heart? Not so you'd notice it, says Wiprud.

He "called a few of those who had objected so strenuously" to the newspaper's criticism to ask what they thought of the *favorable* publicity that followed. "They said they had not seen it," he concludes glumly.

Wife's Aid to Doctor Is A Gift, Not a Loan

Another burden has befallen the wife who puts her husband through medical school. Our courts have long held that her contribution is a gift—not a loan—unless she specifies otherwise when she makes it. Now a judge has ruled that if her husband promises to repay her but doesn't, her loss isn't even tax-deductible as a bad debt.

The issue arose when a Kentucky divorcee tried to deduct as a bad debt part of the sum she earned toward her ex-husband's medical education. The Internal

VS • News • News

Revenue Service denied the deduction.

In court, the young woman presented notes signed by her former husband for \$3,000, half of what she had paid into their kitty. She'd asked him to sign the notes after his graduation from medical school, at a time when they were separated. Then they became divorced. She sued to collect on the notes, but got only \$1,000. Hence, she wanted to write off the loss.

Now a U.S. District Court judge has said she can't. His reason? "The contribution or advancement by a married woman of her earnings or separate estate to her husband or to the mutual support or enjoyment of them both does not place the spouses in a debtor-creditor relationship . . ."

A Doctor Makes Peace With The Telephone Age

Doctors who feel haunted by their telephones get no sympathy from Internist Kenneth D. Arn of Dayton, Ohio. His home is fitted out with six extensions; his offices have so many that "wherever I stand, a telephone is within reach."

Part of Dr. Arn's enthusiasm for a telephone in every corner is explained by the crutches he uses as

a result of childhood polio. But for any doctor, he says, extra telephone equipment can save time. His own set-up includes:

¶ An office intercom system that operates through his telephones and gives him instant contact with his aides.

¶ Two business lines—so that one is always free for outgoing calls. (He also has a private wire to a pharmacy.)

¶ A six-button speaker-phone on his desk. This permits the doctor and a patient across his desk to hold a telephone conference with a third person—say, a member of the patient's family.

'Let's Drive In Here. We're Out of Insurance'

Physicians traveling this summer may encounter service stations where they can buy insurance against loss of life or limb on the trip. The new policies are similar to those sold at air terminals. Like an air traveler buying insurance, the motorist gets his policy by plunking down coins.

Diners' Club cardholders don't even need change to get special travel insurance. They can use their credit cards to buy an accident policy. A typical contract offers coverage of \$6,000 for \$1 a month, and pays medical costs up to \$500 for an extra 50 cents a month.

END



“Troph-Iron” not only gives a healthy boost to appetite, but it also promotes growth and corrects nutritional iron deficiency in the child who is underpar.

Q The dosage? Just one tasty, cherry-flavored teaspoonful (5 cc.) a day.

TROPH-IRON* Liquid

B₁₂—Iron—B₁

Also available: ‘Troph-Iron’ Tablets.

SMITH KLINE & FRENCH LABORATORIES

*T.M. Reg. U.S. Pat. Off.



PSORIASIS

◀ *distressing*
to the patient

◀ *perplexing*
to the doctor

RIASOL

clinically tested ▶
ethically promoted ▶
safe and effective ▶
easy to use ▶
maximum assurance ▶
against recurrence and
adverse reactions

WRITE for PROFESSIONAL
SAMPLE and LITERATURE



AVAILABLE
at pharmacies or direct
in 4 and 8 fluid ounces

COMPOSITION
RIASOL contains 0.45% Mercury chemically com-
bined with soaps, 0.5% Phenol, 0.75% Cresol

SHIELD LABORATORIES

Dept. ME-659

12850 Mansfield Avenue

• Detroit 27, Michigan



dieting is

TORTURE

The patient complains: "This diet is killing me! I can't keep my mind off food! Maybe I should just give up and eat what I please because DIETING IS TORTURE!"

for the patient who can't stay on a diet
prescribe the diet but add

Obocell®-TF

Obocell-TF (tension formula) contains an antidisturbant, methapyrilene, to help the obese patient endure a strict diet. Methapyrilene is not a barbiturate . . . does not produce barbiturate side effects. Obocell-TF combines this antidisturbant with *d*-amphetamine phosphate to curb the appetite and provide a "controlled lift," eliminating possible CNS overstimulation. At the same time Obocell-TF controls bulk hunger with Nicel. And Obocell-TF can be given in the evening to combat the night-eating syndrome without disturbing sleep.

Neisler

IRWIN, NEISLER & CO.
Decatur, Illinois

Each Obocell-TF tablet contains:

Methapyrilene, an antidisturbant 25 mg.
d-amphetamine phosphate (dibasic) .. 5 mg.
Nicol, non-nutritive, hydrophilic agent. 150 mg.
For Rx economy prescribe Obocell-TF in 100's.

*A moderate
low-fat
well-balanced
breakfast for
a man of 25 years*



When a moderate reduction of dietary fat is indicated, it is worthwhile to consider a basic cereal and milk breakfast which, as shown in the table below, contributes well-balanced nourishment. This breakfast is moderately low in fat because its fat content of 10.9 gm. provides 20 per cent of the total calories. It provides "Men, 25 Years" with approximately one-fourth of the recommended

dietary allowances¹ of protein, important B vitamins, essential minerals; and provides quick and lasting energy. The Iowa Breakfast Studies demonstrated for young men that a basic cereal and milk breakfast maintained mental and physical efficiency during the late morning hours and that it was superior in doing so when compared either to a larger or smaller morning meal.

recommended dietary allowances and the nutritional contribution of a moderate low-fat breakfast*

Menu: Orange Juice—4 oz.;
Cereal, dry weight—1 oz.;
Whole Milk—4 oz.; Sugar—1 teaspoon;
Toast (white, enriched)—2 slices;
Butter—5 gm. (about 1 teaspoon);
Nonfat Milk—8 oz.

Nutrients	Calories	Protein	Calcium	Iron	Vitamin A	Thiamine	Riboflavin	Niacin equiv.	Ascorbic Acid
Totals supplied by Basic Breakfast ²	503	20.9 gm.	0.532 gm.	2.7 mg.	588 I.U.	0.46 mg.	0.80 mg.	7.36 mg.	65.5 mg.
Recommended Dietary ¹ Allowances—Men, 25 Years (70 kg.—154 lb.)	3200	70 gm.	0.8 gm.	10 mg.	5000 I.U.	1.6 mg.	1.8 mg.	21 mg.	75 mg.
Percentage Contributed by Basic Breakfast	15.7%	29.8%	66.5%	27.0%	11.8%	28.7%	44.4%	35.0%	87.3%

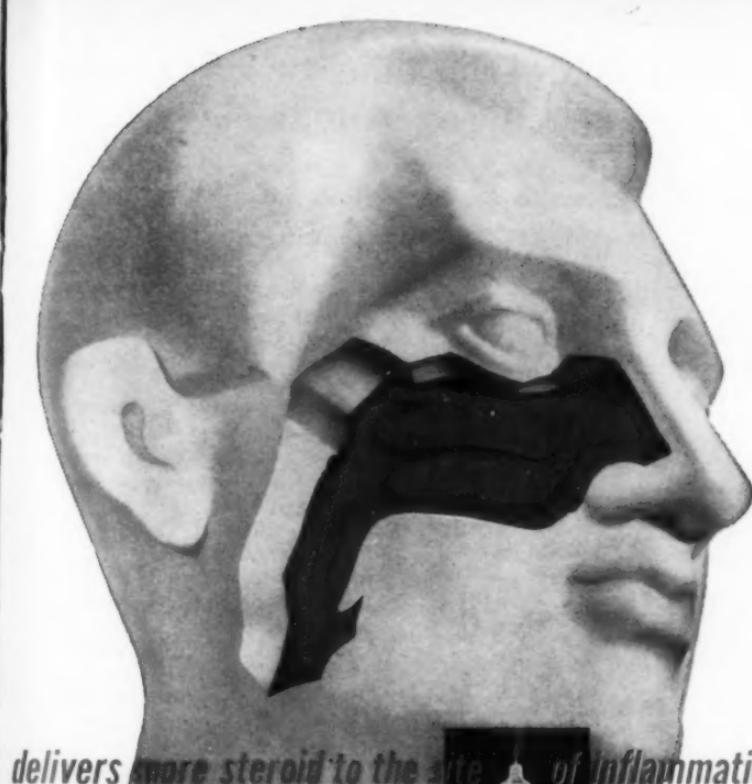
*Revised 1958, Food and Nutrition Board, National Research Council, Washington, D.C.

¹®Cereal Institute, Inc.: Breakfast Source Book. Chicago: Cereal Institute, Inc., 1959
Watt, B. K., and Merrill, A. L.: Composition of Foods—Raw, Processed, Prepared. U.S.D.A. Agriculture Handbook No. 8, 1950.

²The allowance levels are intended to cover individual variations among most normal persons as they live in the United States under usual environmental stresses. Calorie allowances apply to individuals usually engaged in moderate physical activity. For office workers or others in sedentary occupations they are excessive. Adjustments must be made for variations in body size, age, physical activity, and environmental temperature.

CEREAL INSTITUTE, INC.
135 South La Salle Street, Chicago 3

A research and educational endeavor devoted to the betterment of national nutrition



delivers more steroid to the site of inflammation

NASAL SPRAY NEO-HYDELTRASOL®

Prednisolone 21-phosphate with Propadine®, Phenylephrine® and Neomycin

Only NEO-HYDELTRASOL provides its steroid component in true solution—a definite therapeutic benefit, since in pure solution more of the steroid is immediately available to inflamed nasal mucosa.

The anti-inflammatory action of the prednisolone 21-phosphate is reinforced by two valuable decongestants—for fast and prolonged action—and neomycin to combat intranasal infection.

Supplied in 15-cc. plastic spray bottles
NEO-HYDELTRASOL is a trademark of Merck & Co., Inc.



MERCK SHARP & DOHME
Division of Merck & Co., Inc., Philadelphia 1, Pa.

Establishing the Value of Ultrasonics in Physical Medicine

Results of ultrasound therapy in acute cases have been reported as "amazing" and "astounding" and chronic cases, while not as dramatic, respond in many instances where all other methods fail.

With more than 20,000 physicians (one out of seven active practitioners) now using ultrasound in the treatment of disabilities ranging from asthma¹ to ankle sprain,² it may be well to review the progress that has been made in this relatively new field and to delineate the method by which its value has been established.

THREE-YEAR STUDY

First experiments in the use of ultrasound in medicine began with Pohlman in Berlin in 1938 and after World War II many laboratory and clinical experiments were made by researchers in the United States and abroad. In 1950, 25 machines capable of producing accurately controlled ultrasound, together with the necessary accessories for application, were built by the Birtcher Corporation and donated to 20 Physiatrists and Orthopaedists in hospitals including a number of medical schools. The users were to publish their findings without any commitment to the Birtcher Corporation. Three years later, after scores of published reports had indicated that ultrasonics was of definite value in some conditions and a major adjunct in others, the first commercially produced Birtcher *Megason* units were offered to the medical profession.

RESULTS REPORTED

Since that time specialists and General Clinicians have widened the application of US by daily trials on conditions which have failed to respond to ordinary therapy. Workers have reported outstanding results in more than 3,000 published papers. Osteoarthritis,³ sinusitis,⁴ epicondylitis,⁵ bursitis,⁶ phantom limb pain and reduction of scar tissue⁷ have frequently responded amazingly to a single treatment. Local as well as nerve-root paravertebral approach has favorably influenced spondylitis, scleroderma, stomach ulcers and sympathetic reflex dystrophy.⁸ Therapeutic results obtained by US energy have been ascribed⁹ to several local reactions within living tissue: a) increased vascular and fluid circulation, b) an increase in cell membrane permeability provoking organic exchanges and osmosis, c) reactivation of previously impaired conductivity of cerebrospinal fibers and d) an increase in the pain threshold and a break in the pain cycle.

An ultrasonic treatment with the *Megason* requires only a few minutes with a hand-held transducer applied locally and to the nerve roots supplying the area. The technic can be learned quickly by the physician or his nurse.

An explanatory booklet, "Ultrasonics in a Nutshell," with abstracts from many published reports, prepared by the American Institute of Ultrasonics in Medicine, is available from The Birtcher Corp., Dept. ME 659B, 4371 Valley Blvd., Los Angeles 32, California.

¹Matlin, E.: Med. Times, Vol. 83 (Aug.) 1955. ²Aldes, J. H.: Proc. Am. Inst. Ultrasonics in Medicine 4th Yr. Aug. 1955. ³Schwartz, F. F.: J. of Med. Assn. State of Alabama, Jan. 1953. ⁴Edmundson, F. B.: Proc. Am. Inst. Ultrasonics in Med. 4th Yr. Aug. 1955. ⁵Aldes, J. H.: Ibid. ⁶Toback, B. M.: Rev. of Podiatric Research, Vol. 2, No. 1 (1955). ⁷Rubin, David and Kuitert, J. H.: Archives of Phys. Med. July 1955. ⁸Private communication to the author. ⁹By Dussik, Stuhlfauth, Woerber, Busnel, Gligorijevic and others.

to relieve pain in OB-GYN practice...

Postpartum pain
Episiotomy
Dilatation and curettage
Vaginal surgery
Hysterectomy
Breast engorgement
Postspinal cephalgia

remember

PAI-Zactirin®

Ethoheptazine Citrate with Acetylsalicylic Acid, Wyeth

After using ZACTIRIN in 92 obstetrical and postsurgical gynecological patients, Roden and Haugen¹ conclude from the patients' own reports: *In obstetrical patients*—"an effective analgesic for the usual types of pain occurring during the postpartum period." *In gynecological patients*—"satisfactorily relieves mild or moderate postoperative pain occurring as the result of major and minor surgical procedures." *Side-effects*—"infrequent and mild and did not necessitate discontinuing use."

Supplied: Tablets, bottles of 48. Each tablet contains 75 mg. of ethoheptazine citrate and 325 mg. (5 grains) of acetylsalicylic acid.

1. Roden, J.S., and Haugen, H.M.: Missouri Med. 55:128 (Feb.) 1958.

- original Wyeth non-narcotic analgesic plus anti-inflammatory action
- orally administered
- prompt, long action—relief equivalent to that of codeine





For anything that

itches

use Calmitol first

... for every type of pruritus, CALMITOL® is the fast acting conservative, low-cost, nonsensitizing antipruritic. Supplied: tubes, 1½ oz., and 1-lb. jars of nonirritant, easy-spreading ointment. For severe itching, CALMITOL Liquid, 2-oz. bottles.

Thos. Leeming & Co. Inc. 155 East 44th Street, New York 17.



in arthritis

Butazolidin[®]

tablets • Alka capsules

(phenylbutazone citrate)
potent • nonhormonal • anti-inflammatory agent

BUTAZOLIDIN tablets or the Alka capsules are equally effective but individually adaptable in a wide range of arthritic disorders.

Recent clinical reports continue to justify the selection of Butazolidin for rapid relief of pain, increased mobility, and early resolution of inflammation.

Gouty Arthritis: "...95 per cent of patients experienced a satisfactory response..."¹¹

Rheumatoid Arthritis: In "A total of 215 cases...over half, 50.7 per cent showed at least major improvement,

with 21.8 per cent showing minor improvement..."¹² Osteoarthritis: 301 cases showed "...a total of 44.5 per cent with complete remission or major improvement. Of the remainder, 28.2 per cent showed minor improvement..."¹³

Spundylitis: All patients "...experienced initial major improvement that was maintained throughout the period of medication."¹³ Painful Shoulder Syndrome: Response of 70 patients with various forms showed "...8.6 per cent complete remissions, 47.1 per cent major improvement, 20.0 per cent minor improvement..."¹⁴

References: 1. Graham, W.: *Canad. M. A. J.* 79:634 (Oct. 15) 1958.
2. Robins, H. M.; Lockie, L. M.; Norcross, B.; Latona, S., and Riordan, D.: *J. Am. Pract. Digest Treat.* 6:1758, 1957. 3. Kuzell, W. C.; Schafarzick, R. W.; Naugler, W. E., and Champlin, B. M.: *New England J. Med.* 296:388, 1957.

Availability BUTAZOLIDIN[®] (phenylbutazone citrate): Red coated tablets of 100 mg. BUTAZOLIDIN[®] Alka: Capsules containing BUTAZOLIDIN[®] (phenylbutazone citrate), 100 mg.; dried aluminum hydroxide gel, 100 mg.; magnesium trisilicate, 150 mg.; homatropine methylbromide, 1.25 mg.

geigy
ARDSLEY, NEW YORK



"Antacid? Rorer's Maalox. It doesn't constipate and patients like its taste better . . . By the way, try their new double strength Tablet Maalox No. 2. It's great!"

MAALOX® an efficient antacid suspension of magnesium-aluminum hydroxide gel offered in bottles of 12 fluidounces.

TABLET MAALOX: 0.4 Gram (equivalent to one teaspoonful), Bottles of 100.

TABLET MAALOX No. 2: 0.8 Gram, double strength (equivalent to two teaspoonfuls), Bottles of 50 and 250.

Samples on request.

WILLIAM H. RORER, INC., Philadelphia 44, Pennsylvania

PERENNIAL RHINITIS
(Female, 36)

Source: M.D., Utah

Source: M.D., Nebraska

"First
be is clear.
per day
L..."

BRONCHIAL ASTHMA

Source: M.D., Florida

Chronic bronchitis
Bronchiectasis (Male, 39)

"Excellent results. On previous
therapy patient had symptoms of
drowsiness, mild apprehension,
feeling of unusualness, etc. None
on Deronil."

SHOULDER-HAND SYNDROME

Source: M.D., Alabama

Diabetes
Duodenal ulcer (Female, 36)

"Improved. No change in insulin
requirements. No exacerbation
of ulcer."

ACUTE OLECRANON BURSITIS
(Male, 36)

Source: M.D., Ohio

"In 3 days the bursitis had cleared
almost completely...."

SENTLE PRURITUS
(Male)

Source: M.D., Wisconsin

"Itching stopped in lower half of
body within 24 hours and has continued
to decrease in trunk and upper
extremities. Excellent result."

CHRONIC ECZEMA
(Female, 44)

Source: M.D., Illinois

"After switching from other steroid —
less edema — good results."

ALLERGIC REACTION
to penicillin
(Male, 38)

Source: M.D., Missouri

*Actual quotations from phy-
sicians' reports in the files
of the Schering Department
of Professional Information

CHRONIC RHEUMATOID ARTHRITIS
(Female, 36)

Source: M.D., New

"Improved. Patient had been unable
to tolerate previous therapy because
of gastric distress. Feels well
with Deronil."

MORE EVIDENCE FROM DOCTORS EVERYWHERE

DERONIL

TODAY'S STEROID PROVED IN PRACTICE

After poor response to antihistamine
— "Results excellent. Cleared
in 24 hours."

"Complete relief in 48-72 hours."

trial in practice...

brings in a verdict of excellence
in all steroid uses

DERONIL

third major advance in steroid benefits

- highest anti-inflammatory activity
- lowest steroid dosage
- minimal diabetogenic potential
- avoidance of "new" side effects—no muscle weakness, anorexia, weight loss

*unique "easy-break"
scoring of tablets
for patient convenience*

Consult Schering literature for
details of indications, dosage,
precautions and contraindica-
tions.

*Supplied—0.75 mg. tablets, scored.
DERONIL—T.M.—brand of dexamethasone.*



SCHERING CORPORATION • BLOOMFIELD, NEW JERSEY

Scher

Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JUNE 22, 1959

HOW DOCTORS SET FEES FOR MULTIPLE SERVICES

If you do three procedures worth \$11, do you ordinarily round off your fee to \$10? Most G.P.s and a great many specialists do, this survey shows

By Hugh C. Sherwood

Mary Lou Abernethy makes a routine visit to your office. Your fee for such visits is usually \$5. But this time, in addition to routine examination and treatment, you decide the woman needs a blood test (for which you'd ordinarily charge \$2 extra) and an injection (for which you'd ordinarily charge \$4 extra).

So the services you give her

are really worth \$11 (\$5 plus \$2 plus \$4).

Do you charge her the full \$11? Or do you round off your fee to \$10?

MEDICAL ECONOMICS recently got answers to this question from 1,706 physicians throughout the country. Their replies amounted to this:

¶ About 62 per cent of the G.P.s usually round off their fees

SETTING FEES FOR MULTIPLE SERVICES

in such cases. The percentage doesn't vary appreciably by size of community or size of routine visit fee.

¶ About 50 per cent of the specialists also round off their fees in such cases. Rural specialists and high-fee specialists are less likely to round off, and they help keep this percentage comparatively low. (The high-fee group comprises men who charge upwards of \$7.50 for a routine visit.)

Why They Do It

What are the majority's reasons for rounding off their fees? Main reason: It's good public relations that costs the doctor little. Says a Texas OB/Gyn. man: "I dislike hearing laymen say, 'Doctors charge too much.' Rounding off fees on the low side cuts down that sort of talk."

A Virginia G.P. adds: "My charge for each procedure includes a margin of profit. When I do several procedures during one visit, I can afford to forgo the profit on one. To do so helps keep patients satisfied with private practice."

And from an Oregon internist: "It takes less time to do several procedures in a single visit than

to do them one at a time in separate visits. The saving can be passed on to the patient."

An Arkansas G.P. says he rounds off fees because "patients appreciate small favors. Rounding off fees helps make friends." This man, like many of those surveyed, makes a point of letting patients know they're getting a reduced rate in such cases.

Another reason for rounding off is given by some surveyed doctors: They'd feel uncomfortable if they had to itemize the full amount. An Idaho surgeon confesses: "Yes, I round off fees in such cases. I hate myself for it, but I feel guilty when my total charges run high."

And a G.P. in Maine declares: "In the case cited, I feel the fee is high enough without the additional \$1. I'd feel I could absorb some of the cost better than the patient."

Finally, some doctors say, a rounded fee is easier to collect.

As a Pennsylvania proctologist explains it: "Rounding off prevents a lot of arguing over details—arguing that would waste hours of my time."

And a Texas G.P. sums up this way: "Patients will pay \$10 more readily than \$11." END

How to Find Debtors Who Disappear

More patients are moving without paying their bills. Here are the techniques that skip-tracers use to track them down

By William N. Jeffers

People who disappear purposefully without paying their bills are known as "skips." And these days there are more of them around—or not around—than ever. Says the manager of an Eastern chain of appliance stores: "When I joined the company in 1940, we had one skip in every thousand accounts. Now it's one in thirty."

According to collection agencies, the kind of debtor most likely to skip is the person who owes a doctor bill. As we're reminded by the manager of the nation's

largest medical collection agency, "The creditor can repossess a car, but he can't repossess a baby." Thus, of the estimated \$500,000,000 in billed fees that U.S. physicians annually fail to collect, 85 per cent is reportedly owed by patients who've taken it on the lam.

Often skips will pay in full when located. But how can the individual doctor handle the problem of finding them? In many instances, he turns it over to collection agencies and their sleuths—sharp, persistent fellows



HOW TO FIND DEBTORS WHO DISAPPEAR

known as skip-tracers. Some of the techniques they may be forced to fall back on are too colorful for the doctor himself to use, as we'll see in a moment.

Still, there are effective skip-tracing procedures that you can try yourself, if you're so inclined. "Usually, we don't do anything the doctor couldn't do if he had the time," says the head of a Texas collection agency. Here are a few simple steps you or your aide can take on your own:

Do-It-Yourself Tracing

The most important anti-skip procedure is preventive rather than curative: When you first interview any patient, make certain you get full and accurate information on him. "A good office record is the best tool for tracing skips," says an Ohio agency manager.

The facts needed aren't too extensive. They should include full, *correctly spelled* names and complete addresses of the following individuals: the patient; the person responsible for the bill; the employer of this responsible person; a relative not living at the same address as the patient; and the person who referred the patient.

As a further precaution, you might also find out how long the patient has lived at his present address and how long he has had his present job. And you might ask for his Social Security number, his previous address, and the name of his previous employer.

The Impersonal Approach

Afraid the patient might resent such questions? Neither you nor your aide need ask them orally. You can have them printed on a standard-size file card. Or, if you prefer, you can buy printed slips already made up for such a purpose.

When your aide simply asks the patient to fill out the form while he's waiting to see you, he accepts it for what it is: a routine matter.

In addition, it's always a good idea to check return addresses on envelopes patients mail to you. These, as well as addresses on money orders, can help you keep your files up to date. And if a given patient pays by check, note the name of his bank. Then, if he disappears, your office will already have a number of leads on him.

Now let's suppose a bill is re-

turned to your office with a notation on the envelope that there's no such person at the given address. Your aide can now begin the tracing process by phoning the debtor's place of business.

If he's no longer there, she might next ask Information if he has a new home phone number. If not, she might call either the person who referred him or a relative. All she'd have to say is: "Mr. X forgot to give us his for-

warding address. Do you have it?"

No dice? Well, if you feel your aide should skip-trace a bit further before calling in a collection agency, it's the Post Office Department's turn to help. Let the bill be sent back to the old address, this time with "Form 3547 requested" written on the envelope. For a small fee, this will get you the forwarding address if one has been left.

Or the bill can be sent via



"I'm glad you woke me up. I don't want to miss the social hour."

HOW TO FIND DEBTORS WHO DISAPPEAR

registered mail, marked "Deliver to addressee only. Furnish address where delivered." This may establish the fact that the skip really *hasn't* skipped, but has merely been ignoring his mail.

If You're Determined

If nothing comes of the above moves, you'll probably feel you've done enough. But some doctors apparently enjoy such detective work; they don't turn the job over to a professional skip-tracer until they've taken several further steps.

For example, they address a letter to "Occupant" at the delinquent debtor's former address, asking the occupant for help in locating the patient. (Even if the occupant's name is known, it's best not to use it. People are evidently more willing to cooperate if they can do so anonymously.) Some doctors even get in touch with the patient's insurance company, the gas and electric company, the state motor vehicle bureau, banks, police headquarters, etc.

But most skip-tracing techniques beyond the basic ones seem—well, not quite proper for a medical man. Says one professional skip-tracer who has been

at the job for thirty years: "Frankly, I believe in subterfuge. If I have to be subtle to get people to pay their honest debts, why not?"

At one time or another this dedicated operative has fobbed himself off as an express company delivery man, a Western Union messenger, a bank officer, an old friend of the debtor, and a supermarket manager. Sometimes he makes his rounds in person. More often he uses the telephone, where no false whiskers are needed for disguise.

Whatever role he plays, his purpose is always the same: to ferret out the skip by any legal means.

Why He Masquerades

Why all the play-acting? Because a man's friends aren't usually eager to lead his creditors to him. But they'll go out of their way to help if they think the skip-tracer may be a bearer of interesting news.

That's why an occasional tracer will pose as an estate lawyer looking for missing heirs. Or he may write to the skip's relatives as a friend who needs the missing address for "important personal reasons."

In using this latter technique, though, the agencies always sign a male name if tracing a man, a female name if tracing a woman. "We're merely trying to collect," explains a California agency manager—"not to create domestic trouble for the skip."

A less roundabout method that the skip-tracer uses routinely is to wander through the skip's old neighborhood, asking discreet questions.

"We always check the neighbors across the alley," says an Ohio agency executive. "Somehow they're the best source of information. Kids also are fine, especially if you have a few bars of candy with you. And we try to find an enemy or two. They're always delighted to help."

Another fruitful source of information is the newspaper obituary page. "We read the death notices not only [More on 223]

Rx FOR HOSPITAL CONSULTATIONS

Are you called in as a consultant to see hospitalized patients? Better be sure your visits are properly recorded in hospital records. Otherwise you may have trouble if your bill is ever challenged.

A young neurologist I know was called in as a consultant on a brain injury case. He visited the patient thirty times in two months. But later, when the patient had recovered, he remembered nothing about the neurologist's visits. So he refused to pay his bill.

The surgeon who'd called in the consultant couldn't say how many visits the latter had made. So the case depended entirely on what the records showed.

Fortunately, the neurologist had been careful. He'd reported to the admitting office that he'd been engaged as consultant; this fact was entered on the patient's record there. And the medical charts confirmed the neurologist's thirty visits. Without this written evidence, the bill would have been uncollectible.

—CYNTHIA SMITH

WHAT I GET OUT OF MY

Money? There's more to it than that. Here's a play-by-play account of one club member's investment education

Just four years ago, nine of my friends and I put up \$250 each and started an investment club. We've been meeting monthly ever since: to talk about business trends, to consider new stocks, to reconsider old ones, to vote on our next moves, and—always—to put up at least \$10 apiece for further investments.

I wish I could boast that the

club has made a fortune for us. I can't. It's only in the past year and a half that the market value of our holdings has begun to exceed their cost. And the gain is far from spectacular.

The gain in money, that is. There has been another gain—such a great gain that I heartily recommend the investment-club idea to all my colleagues.

I suspect that my club is typical. We haven't made a mint; we haven't lost our shirts. We've beefed up holdings we should have dropped; we've sold stocks we should have held. We've

AT MONTHLY MEETING of the White Rose Investment Club of York, Pa., the author (third from left) voices an opinion to fellow members. Mostly professional men, they include one other M.D.—Dr. C. F. Eisenhower (second from right).



OF MY INVESTMENT CLUB

By Eli Eichelberger, M.D.

talked ourselves into turning down some good buys; we've convinced ourselves that some real "dogs" were hot stuff. Yet after four years, we're more enthusiastic than ever about the investment-club idea.

It isn't because we're finally out of the red (though that helps). It's because we're getting an investment education. And we're doing it the pleasant way, earning as we learn.

Maybe you've thought of joining an investment club. If so, the story of our ups and downs may give you a good idea of what you

can reasonably expect. If I tell the story right, I trust you'll see why I believe you ought to stop thinking about joining a club. You ought to join!

Our group started at a cocktail party. Six of us got to talking about the idea. Then, suddenly, someone proposed action: "Why don't we really find out what it's about? Let's start one."

Two weeks later, the six of us held our first meeting. We'd sent away for a model set of bylaws from *The Investor* magazine. But before we got down to reviewing them, we talked about *why* we



WHAT I GET OUT OF MY INVESTMENT CLUB

One Investment Club's Holdings and H

AFTER 6 MONTHS (DECEMBER, 1955)

	Shares Owned	Total Cost	Market Value
Du Pont de Nemours	5	\$1,131.37	\$1,145.00
N.Y. Cap. Fund Canada	37	1,100.75	1,036.00
Phillips Petroleum	15	1,111.75	1,234.00
Scott Paper	10	682.83	679.00
		<u>\$4,026.70</u>	<u>\$4,094.00</u>

AFTER 18 MONTHS (DECEMBER, 1956)

Aluminium Limited	8	\$1,071.48	\$ 896.00
Canada Dry	60	1,024.94	795.00
Dow Chemical	11	816.83	748.00
Du Pont de Nemours	7	1,529.68	1,274.00
Franklin Life Insurance	10	891.25	790.00
N.Y. Cap. Fund Canada	50	1,551.97	1,475.00
Phillips Petroleum	30	1,111.75	1,560.00
Scott Paper	15	1,028.57	870.00
Sears Roebuck	30	1,087.46	862.00
Scott Paper debentures		<u>200.00</u>	<u>186.00</u>
		<u>\$10,313.93</u>	<u>\$9,456.00</u>

AFTER 30 MONTHS (DECEMBER, 1957)

Aluminium Limited	24	\$1,071.48	\$ 744.00
Canadian Devonian Petroleum	30	274.00	175.00
Dow Chemical	23	1,512.27	1,288.00
Du Pont de Nemours	7	1,529.68	1,267.00
Fansteel Metallics	20	984.56	1,040.00

Buildings and How They've Grown

	Shares Owned	Total Cost	Market Value
Franklin Life Insurance	18	1,120.25	1,035.00
N.Y. Cap. Fund Canada	50	1,551.97	1,375.00
Phillips Petroleum	35	1,332.81	1,478.00
Scott Paper	15	1,028.57	840.00
Sears Roebuck	30	1,087.46	750.00
Servel	500	2,234.00	2,060.00
Underwood	10	286.60	166.00
United Fruit	10	398.76	400.00
Phillips Petroleum debentures		206.31	214.00
Scott Paper debentures		200.00	183.00
		<hr/> \$14,818.72	<hr/> \$13,015.00

AFTER 42 MONTHS (DECEMBER, 1958)

Aluminium Limited	70	\$2,514.50	\$2,240.00
Clinton Engines	200	1,045.26	1,200.00
Dow Chemical	23	1,512.27	1,686.00
Du Pont de Nemours	9	1,901.24	1,782.00
Eastman Kodak	16	1,947.62	2,188.00
Franklin Life Insurance	23	1,455.25	1,972.00
Merck	22	994.38	1,672.00
National Fuel Gas	40	829.39	904.00
Phillips Petroleum	35	1,332.81	1,601.00
Scott Paper	15	1,028.57	1,091.00
Sears Roebuck	30	1,087.46	1,090.00
United Fruit	30	1,307.87	1,215.00
Phillips Petroleum debentures		206.31	224.00
Scott Paper debentures		200.00	209.00
	<hr/> \$17,362.93	<hr/> \$19,074.00	

WHAT I GET OUT OF MY INVESTMENT CLUB

wanted to form the club. Was it just to make money?

We decided not. Our primary aim, which we wrote down, was to educate ourselves in investment principles. We'd learn most, we decided, if we invested regularly each month and if we concentrated on buying growth stocks. Meanwhile, whether or not we made money or even learned much, we'd have fun.

Getting Organized

Next, we went over the model bylaws and revised them slightly to suit our group. Then we elected a president, vice president, secretary, and treasurer. We settled on a local brokerage house—a branch office of Merrill Lynch, Pierce, Fenner & Smith—to handle our account. And we decided to bring our membership to ten by inviting in four other men.

A week later we held our first "working meeting" with ten members present. It was a congenial, diversified group: two doctors, two lawyers, two accountants, two engineers, and two businessmen.

Each of us kicked in the \$250 membership requirement that was to be our initial capital. At

\$10 a starting share, this gave us twenty-five club shares apiece. At every future meeting we were to put up no less than \$10 each, or any multiple of \$10 we wanted to invest. The only restriction: No member could ever control more than 25 per cent of the club's shares.

Problem: What to Buy?

We were organized, and we had \$2,500 to invest. Next item on the agenda: Where to invest it?

That meeting lasted far past midnight. Each of us had one or more pet stocks to suggest. Every suggestion had to be seconded and then voted on. Since most of the suggestions were voted down, the meeting grew increasingly hectic—and the clock ticked on.

By majority vote, we finally agreed to invest most of our \$2,500 in an oil stock and a Canadian mutual fund. We also agreed that we'd already learned one lesson.

Before adjourning, we voted that only two members could hereafter recommend stocks at any meeting. The choice would rotate among us; so everybody would get an eventual chance to push his favorite [More on 216]

OFFICE MANAGEMENT MEMO

From Francis O. Calkins

Head of the professional management firm of PM—Cleveland, Ohio, and a member of the Society of Professional Business Consultants.



Save the First 15 Minutes!

In many of the doctors' offices I visit, harassed secretaries and nurses tell me how much work is being held up "until I can get a few minutes with HIM to go over these things."

"These things" are letters that have been lying around for days; telephone inquiries that haven't been answered; patients' account cards that can't be posted up to date until last week's house calls have been priced. All "these things" represent a slew of trivia. But they're holding up the completion of half-a-dozen jobs.

Rx? It's simple: When you arrive at the office each day, spend the first fifteen minutes with your aide. First tell her what patients you've seen since you left the office yesterday; tell her the charges. Then listen to her tale of telephone calls, answer her questions, let her brief you on today's special cases. Finally, look through the morning mail and attend to anything urgent.

Now you can get to work on your first patient. You've broken the office bottlenecks for the day. END

Wherever doctors let it get started...

'State Medicine Can't Be Stopped!'

After an on-the-scenes study of Britain's National Health Service, a U.S. medical management consultant shatters five popular myths about it and comes up with a chilling conclusion for American M.D.s

BY HORACE COTTON

I have three daughters. One is 27. One is 25. And the third is just 1 year old. I don't offer these particulars as a boast; they're relevant to what follows.

When my 1-year-old was born, the doctor, hospital, and drug bills added up to \$532.16. Modest, you say? I agree. I paid the bills gladly.

But when one of my older

daughters recently gave birth to a son, my son-in-law had no bills to pay. In fact, my daughter got a small sum of money—a maternity benefit—for having the child.

You see, whereas my third daughter made her debut in the United States, my grandson was born in the United Kingdom. There, in a nutshell, you have the reason why the British National

THE AUTHOR heads the professional management firm of PM—Southeast, Southern Pines, N.C. A native of England, he became a permanent U.S. resident in 1950.

Cotton's Chilling Conclusion

"If ever John Q. Citizen gets an American version of Britain's National Health Service, he's going to like it. And you're going to make it work. As a law-abiding U.S. physician, you'll have no practical alternative.

"So if you don't want state medicine, don't kid yourself that you can hold it at bay simply by saying that it's un-American . . . Your answer to any proposed American National Health Service must be this: 'We don't need it. We've got something better already.' But it isn't enough for you to believe what you say. The American public has got to believe it too.

"Because British doctors failed to get that message across, Government medicine fastened itself on that country . . . Today the system is firmly entrenched. I'm afraid that's what will happen here unless American doctors work harder to improve private medical service and to sell the public on it . . ."

Health Service is headed for everlasting life. I'm afraid that my son-in-law's vote, along with millions of others, will always be cast against any politician who proposes to restore British medicine to British doctors.

Not long ago, I went back to England (where I too was born, long before the N.H.S.) for a few weeks' visit. Since I'm now a medical management consultant in the United States, I naturally

wanted to see how the National Health Service is faring. It wasn't my intention to collect a lot of statistics or to tape-record pompous pronouncements by bigwigs. What I wanted was to get the *feel* of the thing—to ask the questions that American doctors ask *me* as soon as they learn I'm an Englishman.

So I made a point of talking to as many British doctors and patients as I could. I have a strong

'STATE MEDICINE CAN'T BE STOPPED!'





HOUSE CALLS take up more than half of this doctor's workday. Like their U.S. counterparts, most British physicians work hard, but few complain of overwork.



HOUSE-CALL PATIENT serves the doctor a cup of tea. If he's typical, he spends as much as thirteen hours a day caring for both N.H.S. and private patients.



PAPER WORK is a nuisance, but not a burden to physicians under the British National Health Service, they say. Here a patient gets a sick-pay certificate filled out.



TO THE CHEMIST'S SHOP goes this Briton with a prescription. He'll pay about 14 cents for drugs that cost \$5. That's one good reason for the popularity of N.H.S.



"STATE MEDICINE CAN'T BE STOPPED!"

bias in favor of the private practice of medicine (my livelihood depends on it). But I was determined to get a clear view of current British attitudes toward nationalized medicine. And I think I got what I was after: the truth, no matter how it hurts. In at least that respect, you may find what I have to say quite different from some other things you've read on the subject.

Many of the things I uncovered, in fact, may absolutely contradict your cherished impressions of the N.H.S. Let's discuss some of those impressions in the light of what I've learned:

Do you believe that the N.H.S. is a robot system run by commissioners? It isn't.

Actually, the service is run by volunteers. The central council that advises the Government on N.H.S. policy is composed of unpaid volunteers. So are the regional hospital boards, the boards of governors of the teaching hospitals, and the committees that run the more than 2,500 British hospitals, with their half a million beds. And so are the local executive councils that run the family doctor service. Most such council members—not many, note, but *most*—are physicians.

The municipal authorities that run the preventive services are elected to office. But like all the others, they too work for free.

There are also hordes of salaried workers. Any system that caters to 50,000,000 people has to use lots of hired help. But the N.H.S. hired help aren't the bosses. The bosses are the volunteers I've mentioned.

One of my oldest friends is the head hired man of a region. But when I suggested to him, over a glass of port, that he was the ultimate fount of power in the local hospital system, he laughed so hard he almost knocked his drink over. "What *I* am," he said, "is the board's leg man. The people who make the decisions are my bosses—all fine people, and all unpaid."

So the basic truth seems to be that the service is actually controlled by men who don't make their living out of it. In my book, that's worlds away from a commissar system.

Do you believe that the N.H.S. gives doctors and patients little free choice? That simply isn't true.

The first choice a patient has is whether he'll use the service at all. My friend Ben is prospective

Conservative candidate for a Lancashire constituency in the upcoming general election. He's a die-hard, true-blue Tory. "National Health Service?" he snorted, when I brought up the subject. "See here, I pay my nine-and-eleven pence a week like all my employees, but I've never used N.H.S. yet. Nor do I intend to."

"I and my family go to Dr. Fred Smythe. He's the one doctor in this town who takes private patients only."

Any doctor can practice the way Dr. Smythe does. Any patient can go to him. Thousands of physicians mix N.H.S. practice with private practice. The one big "must" is that you pay your N.H.S. dues whether you use the service or not.

Can Ben go to a non-N.H.S. hospital? Yes, he can. And he'll pay both his doctor and hospital bills just as we do in the U.S. He may also have one big advantage over N.H.S. patients: If he wants elective surgery, he'll get his operation a whole lot faster.

For emergencies, the National Health Service is missile-fast. But for elective procedures, it can be slow as the mills of God. A well-trussed hernia can wait years before your surgeon gets around to it. You may have to wait a year for a routine tonsillectomy. N.H.S. speed depends on the bed situation. But anybody who's in a hurry can pay for private care, if he chooses—and can get it right away.

The patient's next area of

PACIFIER FOR CHILD PATIENTS



In my pediatric practice, I've found it a great help to hang colorful children's mobiles from the ceiling over each examining table. They turn gently, catch the eye of the youngster being examined, and distract him enough to make the examination much easier and much quieter.

—RICHARD N. ABBOTT, M.D.

*STATE MEDICINE CAN'T BE STOPPED!

choice is within the service itself. John Bull can choose any willing G.P. as his family doctor, if the practitioner's list isn't already full (if, that is, it contains fewer than 3,500 names). The doctor, for his part, can have as many private patients as he can get.

Must the doctor accept John Bull? No.

Having accepted the patient, must he keep him? Again, the answer is no.

Must the patient stay with his chosen doctor? Still again, no.

Do many people fail to get the doctors of their choice? Work it out for yourself. If every British G.P. had 3,500 names on his list, the population of Great Britain

This Doctor's Sideline Is Mental Telepathy



Dr. Robert S. Pavlic has made headlines—and predicted 'em—as 'Pavlic the Mentalist'

It isn't news when a physician drives his car through heavy traffic. Yet when Dr. Robert S. Pavlic successfully drove through downtown San Antonio some time back, newspapers all over Texas sat up and took notice. Why? Because he'd done it blindfolded.

Dr. Pavlic's used to such publicity. Just a year ago, Chicago papers were giving him plenty of it in return for some publicity he gave *them*: Entertaining a medical association meeting on a Wednesday, he said he could predict the principal headlines

would be 100,000,000. Actually, it's about half that. So the average list runs nearer 1,800 names.

Failure to get the desired doctor isn't common. But it does happen. For example, I heard about three Catholic doctors in a largely Catholic neighborhood. They had a long waiting list of would-be patients. How were

they planning to solve the problem? Just about as you would: They were hunting for another partner and planning to put up a new office building.

There's virtually no choice of specialist for the N.H.S. patient, though. Specialists work as part of the hospital service. Your family doctor [More on 177]

that would appear in the following Friday's editions of four major dailies. He scribbled out the predictions, which were then sealed in an envelope and turned over to the association's president for safekeeping.

On Friday, before an audience of 1,000, the envelope was opened. Dr. Pavlic's four headlines were almost identical with those appearing on the front pages of the Chicago American, Daily News, Sun Times, and Tribune. But the doctor modestly apologized for having missed four words in his predictions.

This is medicine? Not exactly. The 29-year-old physician, billed as "Pavlic the Mentalist," makes a profitable sideline of en-

tertaining Midwestern audiences with "startling feats of magic and extrasensory perception." His colleagues at Chicago's Lewis Memorial Hospital, where he's a resident in obstetrics, say he also has an amazing knack for being on the spot when one of his patients is about to give birth.

Dr. Pavlic first became interested in "telepathic magic" while a student at Marquette University. How much of what he does is telepathy, how much "magic?" His answer: "I'll be happy to tell you in about two years. With a wife, two children, and a \$75-a-month residency, I'd rather not discuss my technique just now. After all, it puts the butter on our bread." END

How to Add Value to Your Life Insurance



BY ARNOLD GEIER

*Heard about life insurance riders? Here's
a buyer's guide covering ten different types
and comparing costs and benefits for you*

Your life insurance agent has a hatful of "extras" to sell you, if you want them. These extras—so-called riders—are usually tacked on to a policy when you buy it. But many of them can be added to one you now own.

You're undoubtedly familiar with some of the most popular riders—double indemnity and waiver of premium, for example. But you may not be aware of other special bits of coverage that are now available. In recent years, the insurance industry has developed a few new types of rider. And it has added refinements to a few of the old ones.

Not all companies offer all available riders; and some of the extras are feasible only for certain kinds of coverage. Nor will you want all of them on all your policies. If a given rider doesn't answer a definite insurance need, there's no reason for you to waste your money on it.

But there may well be some chink in your insurance coverage that a rider can plug. To help you decide which of the current offerings might be worth looking into, here's a brief run-down of the ten most common types (arranged, roughly, in the order of their popularity among policyholders):

1. **WAIVER OF PREMIUM.** Under this provision, the company agrees to waive all further premiums on your insurance if you become totally and permanently disabled before age 60. With no expense to you, the insurance remains in force for as long as you remain disabled, even for life.

The value of such a rider is obvious. If you should become disabled, you couldn't get any more life insurance. So it would be important for you to hang on to any coverage you already had. At the same time, your inability to work might make it almost im-

THE AUTHOR is an independent underwriter in Miami, Fla. He has written on insurance topics for newspapers and trade journals.

HOW TO ADD VALUE TO YOUR LIFE INSURANCE

possible for you to pay your premiums.

Since the rider pays off in case of disability, not death, it's really a form of accident and health insurance. And it's comparatively cheap. If you're now 35 years old, for example, it would cost you about \$8 a year to add a waiver of premium rider to a \$10,000 ordinary life contract. Most insurance authorities believe such extra protection well worth the money.

Want to Gamble?

2. **DOUBLE INDEMNITY.** This clause provides for payment of twice the face amount if you die by accidental means before age 65. Thus, a \$10,000 policy with a double indemnity rider would pay \$20,000 if you were killed in an auto accident.

The case for double indemnity is much shakier than the case for waiver of premium. There's no particular reason why you need more protection against accidental death than against death by natural causes. If anything, death from a prolonged illness is more likely to prove an economic drain on your family.

Still, double indemnity riders are popular, possibly because

they don't cost much: about \$10 to \$12 a year for a \$10,000 ordinary life policy at age 35. And such a rider has a big advantage for the doctor with a limited insurance budget: It gives him an inexpensive way to shore up his protection against at least one possible cause of death.

If the idea of such extra protection appeals to you, look into a new wrinkle that some companies have dreamed up: *triple indemnity*. As the name makes clear, this pays three times the face amount of the policy in case of accidental death. But note that triple indemnity costs just about twice as much as double indemnity.

Like Decreasing Term

3. **FAMILY INCOME RIDER.** This can be so basic a part of your coverage that it should hardly be considered an "extra." It guarantees a fixed monthly income for your widow for a stated number of years after you buy the rider. To illustrate:

Suppose you want to make sure your wife has some extra income until the last of your children reaches age 21, twenty years from now. To satisfy this need, you can buy a family in-

come rider guaranteeing her \$200 a month.

Then, if you die tomorrow, she'll get the income for twenty years. If you die fifteen years from now, she'll get the income for five years. If you live to the end of the twenty-year period, the rider expires.

So the family income rider is actually a form of decreasing term insurance. As such, it's a good buy. Because it's tied into a

single package with permanent insurance protection, the rider costs much less than the same amount of term insurance would cost if bought separately.

If you're 35, a \$200-a-month, twenty-year family income rider will set you back about \$120 a year. You'd have to pay substantially more for a similar decreasing term policy.

4. PAYOR BENEFIT. Here's a rider designed for any policy that



© MEDICAL ECONOMICS

"No, Mrs. Jones, you won't have to save the 2:00 A.M. specimen!"

HOW TO ADD VALUE TO YOUR LIFE INSURANCE

you buy on the life of a minor child. It provides that if you die or become disabled, the company will waive all premiums until the child reaches 21 or the policy matures, whichever comes first.

In effect, this provides some additional term insurance on your own life, with the proceeds earmarked to keep your youngster's coverage in force. Most insurance men think it makes good sense.

The cost of such a benefit varies according to your age, the age of the child, and the kind of policy on his life. To give you a rough idea of the premium:

If you're 35, your child is 10, and you buy a \$10,000 ordinary life policy for him, the payor benefit provision will cost you about \$10 a year.

If Your Wife's Insured

Until recently, such riders could be added only to policies covering children. Now some companies offer it on adult coverage as well. So if you're paying the premiums for insurance on the life of your wife or maiden sister, say, you may want to look into the possibilities of a payor benefit arrangement.

5. GUARANTEED INSURABILITY. Want to make sure you can buy additional coverage later on, without having to undergo another physical exam? Under a typical arrangement of this sort, the rider to a \$10,000 policy guarantees you the right to buy four more \$10,000 policies at specified intervals. The company can't refuse to issue the extra insurance, regardless of your health.

For the Younger Man

The guaranteed insurability rider is quite new, and only a limited number of companies offer it.* Those that do offer it charge a 30-year-old man about \$14 a year to add such a provision to a \$10,000 ordinary life policy. You can get the rider after age 30, but it won't give you the right to buy quite so much insurance.

6. FAMILY PLAN RIDER. Do not confuse this with the family income rider. The family plan rider is a way of tacking some insurance for your wife and children on to one of your own policies.

For example, [More on 198]

*For a partial list, see "Now You Can Insure Your Insurability," May 25, 1959, issue.

Home Swimming Pools:

The Economic Pros and Cons



One buyer in every six or seven is a physician, the big swimming-pool contractors say. But you'd better read this before you take the plunge

By Edwin N. Perrin

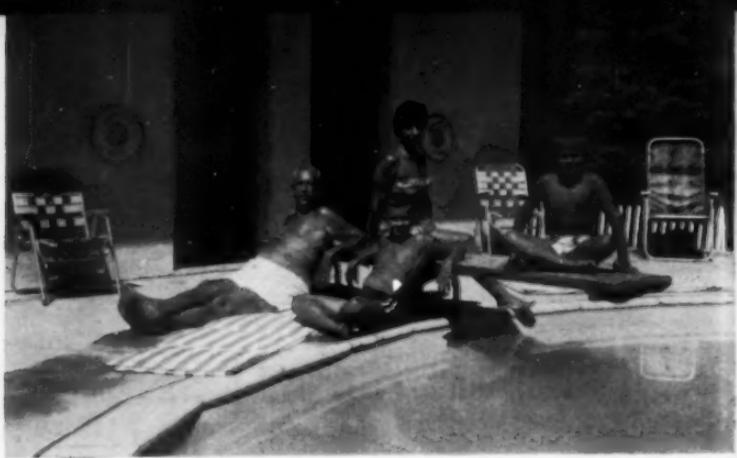
There's a doctor in the Rockies who likes to swim in sub-zero weather. What's more, he does—in his backyard swimming pool. So do his four children and his wife. All six of them splashed around last winter in his new \$4,000 concrete pool with built-in heater.

Another doctor in upstate New York likes winter swimming, too, but not the icy winds. So he has a convertible top over his pool—a transparent plastic bubble that gets inflated in September and taken down in May. The interior, which includes space for a bathhouse and three

or four deck chairs, is known locally as "Little Florida." The whole rig—large pool, heater, and top—cost him about \$7,500.

These are extreme examples of a trend that's taking hold among medical men. According to the big swimming-pool contractors, one in every six or seven of their customers this year is a physician. Results are sometimes shaped accordingly.

One prominent internist, for example, has a stomach-shaped pool. Ulcers paid for it, he says. There are at least three uterine pools in the country. Kidney-shaped pools are downright com-



THE WHOLE FAMILY enjoys healthful recreation centered around Dr. F. D. Gindhart's Trenton, N. J., swimming pool.

mon. All this is economically feasible because few builders charge extra for a fancy shape.

What do they charge for a pool, regardless of shape? In many areas, a lot less than they were charging three years ago. That was when a 15' x 30' Gunite (sprayed concrete) pool that cost \$3,500 in California would set you back \$5,000 in Texas, maybe as much as \$6,000 in Massachusetts. This summer the same pool sells in most of the fifty states for about \$3,500.

Why the bargain? Soaring volume and stiffer competition. In 1956 some 22,000 private swimming pools were built. This year the figure may top 50,000. And as you'll see from the table on page 98, you've got many new

types to choose from. You've got a wide choice of swimming-pool contractors, too, with an estimated 1,500 out scouring for orders this year. It all adds up to a buyer's market.

Well, then: Should you buy?

Before you plunge ahead, think about some essential extras. Salesmen don't always mention them, but doctors who've recently put in pools sure do! First on the list: a fence around the pool. Extra cost: \$100 to \$1,000.

One surgeon installed his because, he says, "I got sick of providing free bath service to the Irish setter across the street." Local ordinances require many other pool-owners to put up a fence, whether they want it or not. The idea, of course, is to

protect small children. Legally, a pool is considered an "attractive nuisance" in some states; and if a child should be injured or drowned in it, the owner may be liable.

Do you need special pool insurance to protect yourself? Not according to the National Swimming Pool Institute, which says your present homeowner's policy should cover your pool at no extra cost.

What about accessories? Well, most new pools are designed for night swimming, and that's when doctors do a lot of it. This means they must have an underwater light. The so-called "wet" units (cost: \$50-\$75) are generally considered the best.

Similarly, the pool telephone has proved to be a near-necessity for the pool-owning physician. ("You can always unplug it on your day off," says one Philadelphia OB man.) Other extras favored by the medical men include plastic pool covers (cost: \$100-\$200) and swimming-pool heaters (cost: \$500-\$800).

Suppose you go ahead and have a pool built, put up your fence, check your insurance, install your telephone, and finally begin to reap your reward of

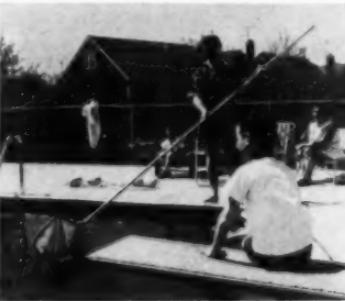


PHONE AT POOLSIDE enables Dr. Eli Stark to take emergency calls.

daily or nightly swims. What problems do you have left?

Well, there's maintenance. A pool has got to be sterilized, cleaned, and treated for algae with some regularity. Builders insist that if you do the work yourself, you can maintain it for pennies a day. ("Yes," says one of the doctors who was interviewed for this article, "about a

REMOVING DEBRIS is a routine chore at Dr. Stark's Long Island pool.



SIX KINDS OF SWIMMING POOL

Prices shown are for a pool approximately 15' x 30' and include complete installation by a reputable contractor. Filter and automatic skimmer are included; any other accessories are extra.

Type of Pool	Price	Comment
Poured or dry-pack concrete	\$3,500	<i>The commonest Eastern pool. Should last fifty years plus.</i>
Gunite concrete	\$3,500	<i>The commonest Western pool. Should last fifty years plus.</i>
Fiberglas	\$2,700	<i>Requires least maintenance of all pools. Shorter life than concrete.</i>
Steel	\$3,800	<i>Popular in cold climates; is virtually immune to frost damage.</i>
Aluminum	\$3,500	<i>Popular in cold climates; is virtually immune to frost damage.</i>
Vinyl or nylon plastic	\$2,500	<i>Plastic liner must be replaced every five years. New one costs about \$500.</i>

hundred and fifty pennies a day!" Professional maintenance costs \$50-\$60 a month, chemicals included.

What about patients' reactions? No problem, the doctors say. "Swimming pools are still rare enough to be fun," says a New Jersey specialist, "but not so rare that anyone thinks it's odd or a sign of great wealth if you have one."

What other drawbacks are there? This magazine could find only one. If you get tired of swimming, you're stuck with an awfully large hole in the back yard. One Virginia G.P. built a big pool for his children about ten years ago. They're grown now, and the pool gets used about twice a summer. "I'd trade the whole damn thing for a croquet court," he says sadly. END

for total management of itching, inflamed, infected^{5,6} skin lesions



Dermatitis repens [with staph and monilia] 7 weeks duration



Cleared in 5 days

new Mycolog ointment

Kenalog, Spectocin and Mycostatin in Plastibase

antipruritic/anti-inflammatory/antibacterial/antifungal

Mycolog Ointment — containing the new superior topical corticoid Kenalog — reduces inflammation.^{3,4} relieves itching.^{1,2} and combats or prevents bacterial, monilial and mixed infections.⁵⁻⁷ It is extremely well tolerated, and assures a rapid, decisive clinical response for most infected dermatoses.

"Thirty-one of 38 patients . . . obtained excellent or good control of dermatological lesions . . . [Mycolog] was highly effective, particularly in the management of mixed infections. Several recalcitrant eruptions which had not responded to previous therapy were remarkably responsive to the daily application of this preparation over periods of 2 to 3 weeks."⁸

For total management of itching, inflamed, infected skin lesions, Mycolog contains triamcinolone acetonide, an outstanding new topical corticoid for prompt, effective relief of itching, burning and inflammation¹⁻⁴—neomycin and gramicidin for powerful antibacterial action⁷—and nystatin for treating or preventing *Candida (Monilia) albicans* infections.^{8,9}

Application: Apply 2 to 3 times daily. **Supply:** 5 Gm. and 15 Gm. tubes. Each gram supplies 1.0 mg. (0.1 %) triamcinolone acetonide, 2.5 mg. neomycin base, 0.25 mg. gramicidin, and 100,000 units nystatin in PLASTIBASE.

References: 1. Shelmine, J. B., Jr.: Monographs on Therapy 3:164 (Nov.) 1958. • 2. Nix, T. E., Jr., and Derbes, V. J.: Monographs on Therapy 3:123 (Nov.) 1958. • 3. Robinson, R. C. V.: Bull. School of Med., U. Maryland 43:54 (July) 1958. • 4. Sternberg, T. H., Newcomer, V. D., and Reisner, R. M.: Monographs on Therapy 3:115 (Nov.) 1958. • 5. Clark, R. F., and Hallett, J. J.: Monographs on Therapy 3:153 (Nov.) 1958. • 6. Smith, J. G., Jr.; Zawisza, R. J., and Blank, H.: Monographs on Therapy 3:111 (Nov.) 1958. • 7.

Monographs on Therapy 3:137 (Nov.) 1958. • 8. Howell, C. M., Jr.: North Carolina M. J. 19:449 (Oct.) 1958. • 9. Berastian, E. S.: South. M. J. 50:1547 (April) 1957.

SQUIBB



Squibb Quality —
the Priceless Ingredient

*SPECTOCIN®, **NYCOSTATIN®, **PLASTIBASE®, **NYCLOG® AND **KENALOG® ARE SQUIBB TRADEMARKS

These Stocks Pay Tax-Free Dividends

In today's market, many investment men say "tax-exempt" stocks are your best source of tax-free income. Here's why

By Robert L. Brenner

Many doctors who look for tax-free investment income think first of buying municipal bonds. But do you know that certain stocks will also provide income that's exempt from ordinary income tax? Last year, for instance, nearly 100 different stocks yielded such income. And under today's inflationary conditions, many investment counselors consider these stocks a better buy than bonds.

The stocks in question pay dividends that are partly or wholly free from ordinary income tax. Wall Streeters call them tax-exempts, although the term is some-

what misleading. Stockholders eventually *are* taxed on these dividends—but it's a capital gains tax they pay.

Why this special treatment? It's because the dividends a corporation pays are taxable as straight income only if they're paid out of profits or earnings. Certain corporations—mostly public utilities or natural resource producers—often include in their dividends money that didn't come from these sources.

An oil-producing firm, for instance, may divide up some of its depletion fund among stockholders. Or a company may split up

THESE STOCKS PAY TAX-FREE DIVIDENDS

among stockholders property on which it has realized a capital gain.

For tax purposes, payments like these aren't "dividends" at all; they're distributions of capital. And whenever a portion of a corporation's "dividend" includes such payments, that portion is taxable only as a capital gain.

So much for how tax-exempt stocks get that way. Let's look at some of the special advantages

these issues have for stockholders.

The most obvious one is that a tax-exempt stock of relatively low yield gives as much spendable income as a *taxable* issue of higher return. For example, stock in the Electric Bond & Share Co. paid tax-exempt dividends of about 4 per cent last year. To get the same real income from a taxable issue, an investor in the 38 per cent tax bracket would have had to find



"I never let the diagnosis interfere with the treatment."

THESE STOCKS PAY TAX-FREE DIVIDENDS

a stock yielding 6 per cent. And the higher your tax bracket, the greater your advantage from tax-exempt dividends.

Another important advantage—one that makes many investment experts strongly recommend these stocks over municipi-

IF YOU'RE INTERESTED IN TAX-EXEMPT STOCKS

Each of these stocks paid dividends in 1958 that were 50 per cent or more exempt from ordinary income tax. Each has recently been recommended by at least one investment firm for its growth prospects and as a likely source of tax-free income over the next few years.

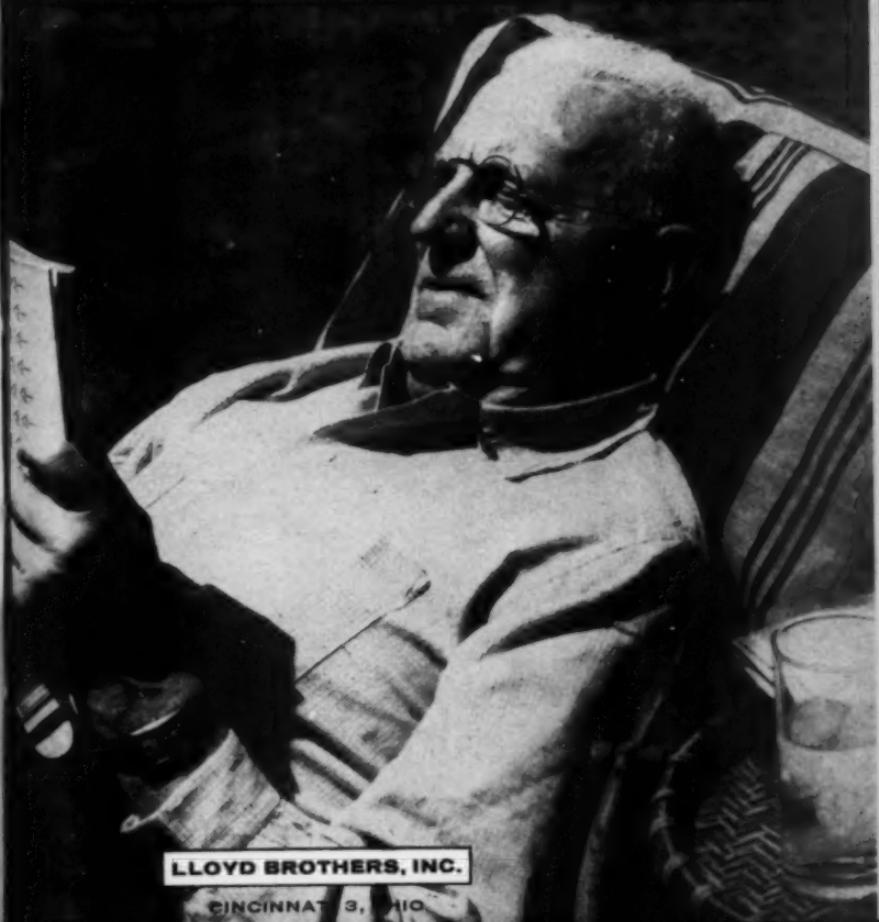
Company	Recent Price	1958 Dividend	Yield ¹	% of Dividend That Was Tax-Free
Atlantic City Electric	\$44	\$1.40	3 %	61%
California Oregon Power	37	1.60	4.3	100 ²
Central Hudson Gas & Electric	21½	.80	3.7	54 ²
Central Public Utility Corp.	31¾	.80	2.5	100
Detroit Edison	43½	2.00	4.5	99.5 ²
El Paso Natural Gas	33	1.30	4	84
Electric Bond & Share	36¾	1.40	3.8	100
General Realty & Utilities	17½	.80	4.7	100 ²
Niagara Mohawk Power Corp.	39½	1.80	4.6	77 ²
Northwest Natural Gas	16¾	.69	4	100
Pacific Power & Light Co.	41½	1.60	3.9	100
Portland General Electric Co.	29¼	1.20	4	78 ²
Transcontinental Gas Pipe Line	21½	1.00	4.6	63 ²
Union Electric	33½	1.52	4.6	61 ²
United Corp.	9¼	.35	3.8	100
Washington Water Power	45	2.00	4.4	89 ²

¹Computed from the recent price and 1958 dividends. ²Estimate of the firm's tax counsel.

DOXIDAN

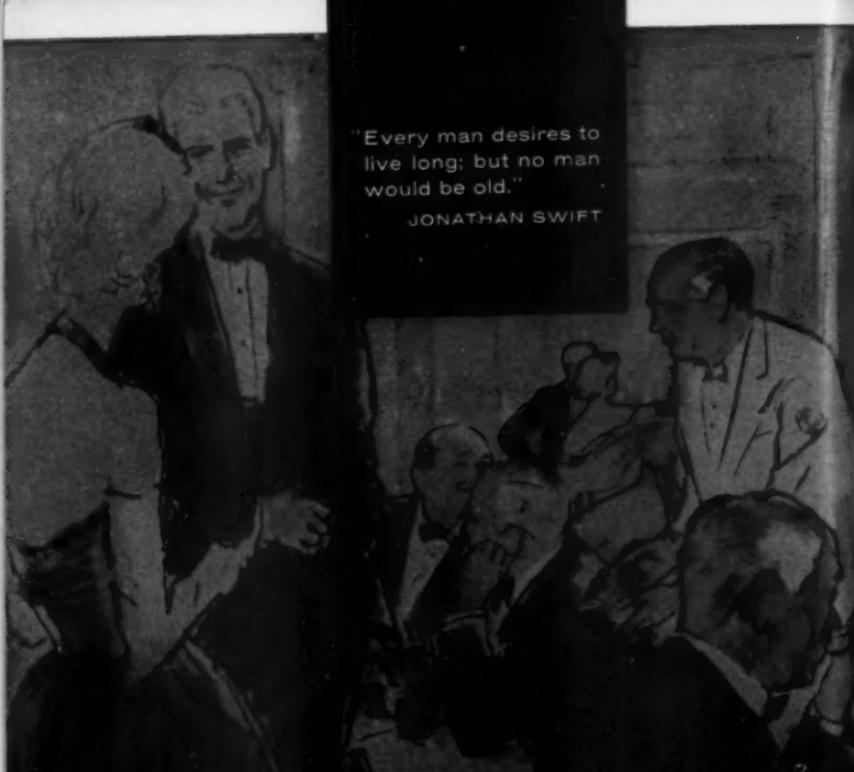
Provides positive easy evacuation of a soft, formable stool through the synergistic action of the hyperosmotic stimulant, Dantrol, with the superior enema, calcium bis(2-oxoethyl)malonate). No "grip" or cramping—no bloating—no oily leakage or interference with vitamin absorption.

DOSAGE: For individuals older than over 12, one or two capsules. For children 6 to 12, one capsule. Administered at bedtime for 3 or 4 days or until symptoms are relieved. Available in bottles of 20 and 100 soft gelatin capsules.



LLOYD BROTHERS, INC.

CINCINNATI 3, OHIO



"Every man desires to live long; but no man would be old."

JONATHAN SWIFT

help prepare your patients
for a healthy, active later life

PRESCRIBE

ELDEC
vitamin-mineral-hormone supplement

KAPSEALS*

during their middle years



PARKER, DAVIS & COMPANY, Detroit 32, Michigan

each KAPSEAL contains

vitamins

Vitamin A	1,667 Units (0.5 mg.)
Vitamin B ₁ mononitrate	0.67 mg.
Ascorbic acid	33.5 mg.
Nicotinamide	16.7 mg.
Vitamin B ₂	0.67 mg.
Vitamin B ₆	0.5 mg.
Vitamin B ₁₂ with intrinsic factor concentrate	0.033 USP Unit (oral)
Folic acid	0.1 mg.
Choline bitartrate	6.67 mg.
Pantothenic acid (as the sodium salt)	5 mg.

minerals

Ferrrous sulfate (oxicated)	16.7 mg.
Iodine (as potassium iodide)	0.05 mg.
Calcium carbonate	66.7 mg.

digestive enzymes

Taka-Dextrase®	20 mg.
Pancreatin	133.3 mg.

protein improvement factors

leucine monohydrochloride	66.7 mg.
dl-Methionine	16.7 mg.

gonadal hormones

Methyl testosterone	1.67 mg.
Theelin	0.167 mg.

dosage. One Kapseal three times daily before meals. Female patients should follow each 21-day course with a 7-day rest interval. packaging. ELDEC Kapsals are available in bottles of 100.

THESE STOCKS PAY TAX-FREE DIVIDENDS

pal bonds as a source of tax-free income—is that they're a good hedge against inflation. Unlike bonds with their fixed face values, sound common stocks—including those that are tax-exempt—probably will rise in value if prices in general rise.

Considering these advantages, you might expect to pay a stiff premium for a tax-exempt stock. But you don't have to. Investment men say many of the tax-exempts would be good buys at their present prices even if their dividends were 100 per cent taxable.

What's Wrong With 'Em

Before you call your broker, however, there *are* a couple of drawbacks to these stocks that you'll want to consider.

For one thing, a tax-exempt

stock isn't as dependable a source of tax-free income as a municipal bond is. That's because the percentage of its dividend that's tax-free can vary unpredictably from year to year. Take the past 21-year dividend record of Atlas Corporation stock, for example:

From 1938 through 1949, Atlas Corporation dividends were 100 per cent tax-exempt. For the next six years they were only part exempt; then in 1956 they were 100 per cent nontaxable again. But in 1957 and 1958 they were 100 per cent *taxable*.

You'll find variations like this in almost any tax-exempt stock you buy.

The second drawback to tax-exempts is one I mentioned earlier. You eventually *have* to pay a capital gains tax on any "tax-free" dividends you receive. You

One way to increase collections

I examined a 5-year-old boy in my office, then told his mother he needed a shot of penicillin. "You may dress him except for his pants," I said as I left to get the hypodermic.

As I went out the door, I heard him say: "Mommy, do they keep your pants till you pay the doctor's bill?"

—FELIX G. LINE, M.D.

THESE STOCKS PAY TAX-FREE DIVIDENDS

pay it when you sell the stock. Here's how it works:

Say you hold a tax-exempt stock for five years, during which it pays you \$3 in tax-free dividends on each share each year. For tax purposes, those dividends are considered as capital gain, not as regular income.

Tax Without Profit

So when you sell the stock you must subtract all such dividends (\$15 in this case) from its original cost to you in figuring your capital gain. Thus, even if you sell the stock for just what it cost

you, you still owe a capital gains tax on \$15 per share.

Assuming you like tax-exempt stocks after weighing their pros and cons, how do you buy them? The same way you do any other stock: through your broker. He knows which stocks have paid tax-free dividends in recent years, and he can tell you which ones are likely to do so in the near future.

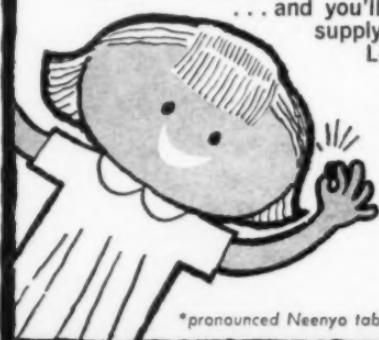
For a starter, though, on page 102, there's a list of sixteen stocks whose dividends were at least 50 per cent tax-free last year.

END

LOVE at first bite! with NIÑOTABS*

CHERRY FLAVORED NUTRITIVE SUPPLEMENT

Children love NIÑOTABS because of their delicious cherry flavor . . . Mothers like them because they're so easy to give . . . and you'll like them because NIÑOTABS supply all the essential vitamins plus L-Lysine for optimal growth and to prod reluctant appetites.

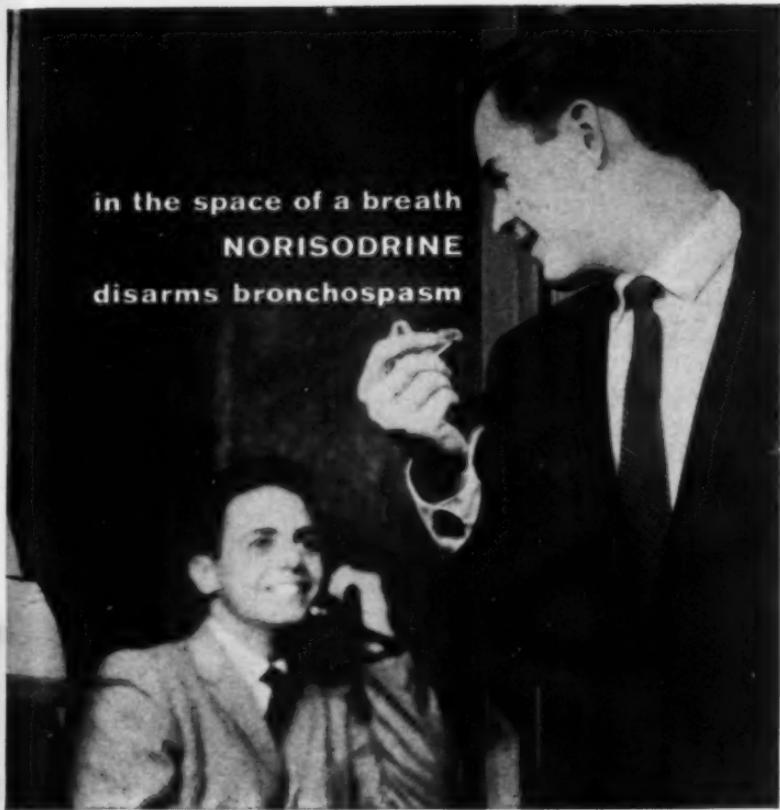


*pronounced Neenyo tabs

Tablets are easy to swallow or, they can be chewed, allowed to melt in the mouth, or dissolved in liquids. Most important, the ten significant nutritional factors provided in NIÑOTABS are better absorbed and utilized because of the improved process by which they are made. There is no unpleasant aftertaste.

NIÑON Corporation
LOS ANGELES, CALIFORNIA

in the space of a breath
NORISODRINE
disarms bronchospasm



NORISODRINE® Sulfate Powder in the AEROHALOR® (Isoproterenol Sulfate, Abbott)

In the normally active life of the young, asthma is something which can seem near-tragic. This we know. However, no one, from early school-age to adulthood, need feel restricted because of the threat of bronchospasm . . . not when Norisodrine's rapid therapy is at hand.

Using Norisodrine in the compact Aerohalor is really quite a simple procedure. A few easy

breaths. Norisodrine's powder particles are drawn directly to the mucous membranes of the respiratory passages. Almost invariably, then, bronchospasm's torment ends—just like that.

It's reassuring to the asthmatic to know that, with Norisodrine in the Aerohalor, instant relief from the condition is literally in his pocket.

Abbott

80000

BONAD

STOPS STOPS STOPS MORNING SICKNESS



BONAD
nausea
nancy in
within a

Moreover
of 620
with BONAD
intoleran
BONAD
It is fre
sociated
quifizer-

NOTE: B
been sh
relieving
associated
diation si
drome,
arterios
sickness.

Each ti
BONAD

Medizine
antiver
effects.

Pyridoxin
specifi
ment.

DOSAGE:
bedtime,
quire and

SUPPLIED
tablets, b
Fruit-flav
in 30 cc.

DOXIN®

(tablets and drops)

BONADOXIN Tablets relieve nausea and vomiting of pregnancy in 9 out of 10,¹⁻⁷ often within a few hours.

Moreover, a controlled study of 620 cases reported that with **BONADOXIN** "toxicity and intolerance [are] zero."¹ **BONADOXIN** is rarely soporific. It is free from the risks associated with overpotent tranquilizer-antinauseants.

NOTE: **BONADOXIN** has also been shown highly effective in relieving nausea and vomiting associated with: anesthesia, radiation sickness, Meniere's syndrome, labyrinthitis, cerebral arteriosclerosis, and motion sickness.

Each tiny pink-and-blue **BONADOXIN** tablet contains:

Meclizine HCl (25 mg.) . . . for antivertiginous, antinauseant effects.

Pyridoxine HCl (50 mg.) . . . for specific metabolic replacement.

DOSEAGE: usually one tablet at bedtime. Severe cases may require another dose on arising.

SUPPLIED: tiny pink-and-blue tablets, bottles of 25 and 100. Fruit-flavored, clear green syrup in 30 cc. dropper bottles.



Infant colic? **BONADOXIN DROPS** are antispasmodic...stop colic in 84%,⁸⁻¹⁰ without the risk of belladonna and barbiturates.

Each cc. contains:
Meclizine dihydrochloride . . . 8.33 mg.
Pyridoxine hydrochloride . . . 16.67 mg.

Dosage:

under 6 months . . .	0.5 cc.
6 months to 2 years . . .	1.5 to 2 cc.
2 to 6 years . . .	3 cc.
adults and children	
over 6 . . .	1 tsp. (5 cc.)

2 or 3 times daily, on the tongue, in fruit juice or water

References: 1. Goldsmith, J. W.: Minnesota Med. 40:99 (Feb.) 1957. 2. Grossklos, H. H., et al.: Clin. Med. 2:885 (Sept.) 1955. 3. Weinberg, A., and Werner, W. E. F.: Am. Pract. & Digest Treat. 6:580 (April) 1955. 4. Crawley, C. R.: West. J. Surg. 8:463 (Aug.) 1956. 5. Tarkoff, G.: Clin. Med. 3:223 (March) 1955. 6. Dunn, R. D., and Fox, L. P.: Clinical exhibit. 7. Codling, J. W., and Lowden, R. J.: Northwest Med. 57:331 (March) 1958. 8. Dougan, H. T.: Personal communication. 9. Leonard, C. L.: Personal communication. 10. Steinberg, C. L.: Personal communication.

New York, N. Y.

Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being

*the house-call
antibiotic*

- wide range of action is reassuring when culture and sensitivity tests are impractical
- effectiveness demonstrated in more than 6,000,000 patients since original product introduction (1956)

COSA-SIGNEMYCIN®

glucosamine-potentiated tetracycline
with triacetyloleandomycin

More than 90 clinical references attest to the superiority and effectiveness of Cosa-Signemycin (Signemycin). Bibliography and professional information booklet available on request.

Pfizer Science for the world's well-being

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, N. Y.



capsules

125 mg., 250 mg.



oral suspension

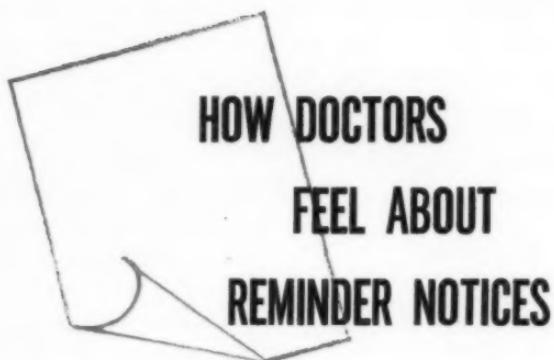
raspberry flavored,
2 oz. bottle, 125 mg.
per teaspoonful
(5 cc.)



pediatric drops

raspberry flavored,
10 cc. bottle (with
calibrated dropper),
5 mg. per drop
(100 mg. per cc.)





HOW DOCTORS FEEL ABOUT REMINDER NOTICES

They think it's desirable to remind patients to come in for check-ups. But only a minority of medical men do it regularly

By Thomas Owens

Two out of three physicians agree that it's a good idea to remind patients regularly to come to the office for check-ups. What's more, the patients themselves seem to welcome such reminders. These are the major findings of a MEDICAL ECONOMICS survey.

The doctors' reasons are well expressed by a Kansas internist: "We know that many asymptomatic conditions may be discovered through a routine examination. But our patients don't know it. They won't come to see us un-

less they're reminded to do so."

Another common reason is put this way by a family doctor in New Jersey: "Patients feel that if you forget them when they're well, you probably won't be genuinely concerned when they're ill."

Despite these favorable sentiments, reminder notices are actually sent by only one of every three doctors who consider them a good thing. Why this startling gap between precept and practice?

"I just don't have time enough

HOW M.D.S FEEL ABOUT REMINDER NOTICES

to do everything I'd like to," says a typical practitioner. "Too many patients, and not enough office help," says another. "I don't send them for fear of criticism by medical colleagues," says a Chicagoan.

'Like Advertising'

What about the minority of physicians who oppose the reminder idea on ethical grounds? Their most frequent objection: "It seems too much like advertising."

Says a Tennessee G.P.: "It cheapens the profession." An Eastern ophthalmologist adds: "It's just a business stimulant." And a Texan suggests that "the

physician who has to 'remind' his patients in order to get business should move to an area where an M.D. is needed—and really go to work."

Some M.D.s Must Use 'Em

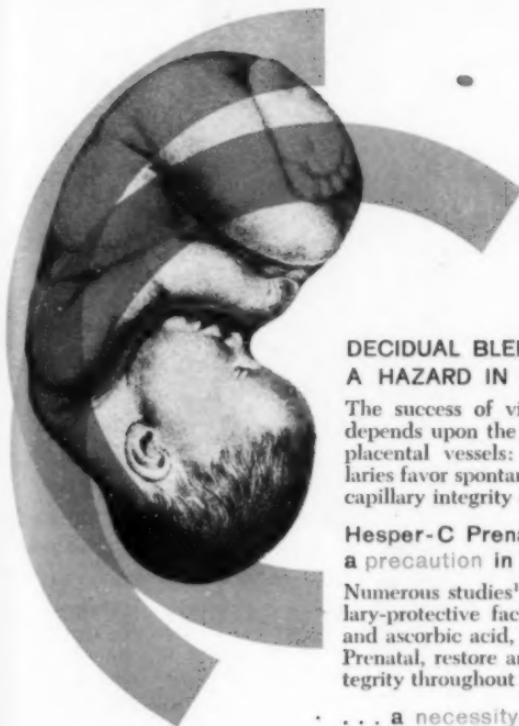
The survey reveals, interestingly enough, that such notices are actually sent—to at least some patients—by a greater proportion of specialists (30 per cent) than of G.P.s (only 15 per cent). Many of the specialists queried point out that reminders are necessary in their particular field. For example:

¶ Several cancer surgeons report that they call patients in for postoperative check-ups every three or four months.

¶ From some ophthalmologists comes the word that patients themselves often ask to be reminded of periodic refraction tests.

On the other hand, the G.P.s who use reminders generally do so for less specific reasons. Many of them explain that, as part of their preventive medicine program, they get in touch only with certain patients who especially need regular check-ups—for example, hypertensives, diabetics, and the middle-aged. *More*►





DECIDUAL BLEEDING . . . A HAZARD IN EVERY PREGNANCY

The success of virtually every pregnancy depends upon the integrity of the mother's placental vessels: Fragile decidual capillaries favor spontaneous abortion;^{1,2} restored capillary integrity can prevent it.

Hesper-C Prenatal . . . a precaution in every pregnancy

Numerous studies¹⁻⁶ confirm that the capillary-protective factors, hesperidin complex and ascorbic acid, as provided in Hesper-C Prenatal, restore and maintain capillary integrity throughout pregnancy.

. . . a necessity in habitual abortion

In habitual aborters, the administration of hesperidin complex and ascorbic acid results in impressive fetal salvage—as high as 95% in one Hesper-C series.⁴ "Repeat performances" often follow.

Hesper-C Prenatal

capillary-protective factors + vitamins and minerals

References: 1. Greenblatt, R. B.: *Obst. & Gynec.* 2:530, 1953. 2. Pearse, H. A., and Trisler, J. D.: *Clin. Med.* 4:1081, 1957. 3. Javert, C. T.: *Spontaneous and Habitual Abortion*, New York, The Blakiston Division, McGraw-Hill Book Co., Inc., 1957, p. 338 ff. 4. Javert, C. T.: *Obst. & Gynec.* 3:420, 1954. 5. Dill, L. V.: *M. Ann. District of Columbia* 23:667, 1954. 6. Greenblatt, R. B.: *Ann. New York Acad. Sc.* 61:713, 1955.

Products of Original Research



THE NATIONAL DRUG COMPANY
Philadelphia 44, Pa.



antibiotic control under physician control

A SINGLE ANTIBIOTIC... permitting flexible, controlled dosage as needed... free from restrictions of fixed combinations... for optimum tetracycline levels... unsurpassed effectiveness covering at least 90 per cent* of antibiotic-susceptible infections seen in general practice.

Supplied: Capsules of 250 mg. with 250 mg. citric acid and 100 mg. with 100 mg. citric acid.

Achromycin® V Capsules

Tetracycline with Citric Acid **Lederle**

*Based on a twelve-month National Physicians Survey.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



REMINDER NOTICES

What means of notification do most physicians prefer? Apparently, the most widely used form of reminder is the telephone call. Personal, nonstandardized letters run a fairly close second. Very few doctors use printed notices.

Patient-Response Is Good

For the medical man who refuses to use reminders for fear of bad patient-reaction, the most interesting finding of the survey is this: Practitioners who do use them report striking success. Most of them say that more than 50 per cent of their patients usually respond to routine notification.

They add that patients appear to be grateful for this extra service. Says an Ohio doctor: "Again and again, people tell me how much they appreciate my interest in their continued good health. That's enough to convince me that reminders are worthwhile."

END



**"I
slept
like
a
log"**

new Noludar 300

300 mg CAPSULES

A good night's sleep can be described in dozens of ways, but "natural" comes closest to the kind of sound, refreshing sleep your patients will enjoy when you prescribe new Noludar 300.

Safe, non-barbiturate, non-addictive, eminently free of even minor side reactions.

Dosage: Adults — One 300-mg. capsule before retiring. Do not exceed prescribed dosage.

NOLUDAR®—brand of methyprylon



ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley 10, New Jersey





preferred
for
the
treatment
table

**because Neo-Polycin Ointment
helps clear
topical infections
promptly**

Neo-Polycin® provides neomycin, bacitracin and polymyxin, the three antibiotics preferred for topical use because this combination is effective against the *entire* range of bacteria causing most topical infections...has a low index of sensitivity...and averts the risk of sensitization to lifesaving antibiotics, since these agents are rarely used systemically. And Neo-Polycin provides these three antibiotics in the unique Fuzene® base, which releases higher antibiotic concentrations than is possible with grease-base ointments.

Each gram of Neo-Polycin contains 3 mg. of neomycin, 400 units of bacitracin and 3000 units of polymyxin B sulfate in the unique Fuzene base. Supplied in 15 Gm. tubes.
PITMAN-MOORE COMPANY, DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS 6, INDIANA

How to Get the Best Deal on Your Mortgage



BY M. J. GOLDBERG

If you're among the 84 per cent of practicing physicians who own their own homes, there's probably a mortgage in your past. Is there also one in your future? If you're dreaming of some new building project—an addition to your home, a medical office building, a place in the country—the answer is probably yes.

Before you get involved in the financing of any such project, better bring yourself up to date on today's mortgage market. You're apt to find several groups in competition for the privilege of lending you the mortgage money you need. They include local savings and loan associations, commercial banks, savings

banks, and life insurance companies. These are the four principal sources, although private individuals and mortgage brokers also do some mortgage lending.

What's the most they'll lend you? Well, there's a simple way to estimate your borrowing power. First, calculate how much of your monthly income you're willing and able to allocate to mortgage payments. Then see how big a mortgage you can carry with that monthly payment, using the accompanying table as a guide.

Suppose, for example, you're willing to earmark \$200 a month for mortgage payments. Then, if

HOW TO GET THE BEST MORTGAGE DEAL

you can get a 5½ per cent, twenty-year mortgage, your budget will support a total mortgage loan of about \$23,000.

What kind of mortgage? The three types now available are G.I. loans, F.H.A.-insured loans, and conventional mortgage loans. Here's what you can currently get under each:

1. G.I. LOANS. These are guaranteed in part by the Veterans Administration. By law, the interest rate is set at 4¾ per cent. The term can range up to thirty years. World War II veter-

ans remain eligible for a G.I. loan until July 25, 1960; Korean veterans, until Jan. 31, 1965.

But you've got to be more than eligible to get any G.I. money right now. You've got to be lucky. As interest rates have crept upward the past few years, lenders have grown less and less inclined to hand out their money at the statutory 4¾ per cent rate. Today, if you're able to get a G.I. loan at all, you'll probably be asked to pay "points."

A point is 1 per cent of the mortgage principal. In return for

If you can afford monthly payments* of:

And if you get these mortgage terms:

	4¾% interest for			5% interest for			10 yrs.
	10 yrs.	15 yrs.	20 yrs.	10 yrs.	15 yrs.	20 yrs.	
\$100	\$ 8,165	\$10,525	\$12,120	\$ 8,110	\$10,345	\$12,000	\$ 7,950
\$150	12,245	15,790	18,180	12,160	15,520	18,000	11,920
\$200	16,325	21,050	24,240	16,215	20,690	24,000	15,895
\$250	20,405	26,315	30,300	20,270	25,860	30,000	19,870
\$300	24,495	31,575	36,360	24,330	31,035	36,000	23,850

*Covering interest, fire insurance, property taxes, and gradual repayment of principal.
Source: United States Savings and Loan League.

You Can Support This Big a Ma

a mortgage at G.I. rates, both the buyer and the seller of the house may be asked to pay a cash premium of one point each. That's \$200 apiece on a \$20,000 mortgage. And what usually happens is that the seller jacks up the price of the house to cover his share. So the buyer winds up paying both shares—in this case, \$400.

At this writing, Congress is considering a bill to raise the interest rate on G.I. loans to 5 1/4 per cent. If it passes—and it's likely that it will—G.I. money

will become much more widely available.

2. F.H.A. LOANS. These too are insured by the Federal Government. The maximum interest rate is now 5 1/4 per cent, plus 1/2 per cent for the insurance premium. The F.H.A. can insure loans up to \$20,000, with a maximum maturity of thirty years. (And Congress may have raised the loan ceiling to \$22,500 by the time you read this.)

Although F.H.A. loans cost more than G.I. loans, they're at least widely available. And they have this big advantage over conventional mortgages: Because of the Government insurance, lenders will generally accept a smaller down payment and allow the loan to run longer.

3. CONVENTIONAL MORTGAGES. There is no Government guarantee here. Terms are entirely between you and the lender. But the going rates range between 5 and 6 per cent. Most conventional mortgages run for twenty years or less.

Down payment required? Larger than under an F.H.A. loan. Savings and loan associations usually don't lend more than 80 per cent of the property's value. Other sources of conven-

Big a Mortgage

yr.	5 1/2% interest for		
	10 yrs.	15 yrs.	20 yrs.
\$,000	\$ 7,950	\$10,085	\$11,540
,000	11,920	15,125	17,310
,000	15,895	20,170	23,075
,000	19,870	25,210	28,845
,000	23,850	30,255	34,620



Victim of Overeating and "Oversitting"

Rx

BIPHETAMINE®

A 'STRASIONIC' RELEASE ANORETIC

RESIN

- **10-14 Hour Appetite Curb**
- **10-14 Hour Mild Invigoration**
- **Predictable Weight Loss...**
a comfortable 1 to 3 lbs. a week in 9 out of 10 cases



In many instances both appetite limitation and mild invigoration ('Biphetamine') are required to effect the balance between caloric intake and energy output necessary for predictable weight reduction and control. Since 'Strasionic' release is employed, the desired therapeutic action is uniform, predictable and comfortable.

Biphetamine may be prescribed for obese patients who are hypertensive, arthritic, diabetic, pregnant, menopausal, aged; and to reduce surgical risks. Use with initial care in patients hypersensitive to sympathomimetic compounds, in cases of coronary disease or severe hypertension.

- **Single Capsule Daily Dose 10 to 14 hours before retiring**

3 STRENGTHS

List No. 878

BIPHETAMINE® '20' Resin

Each black capsule contains:
d-amphetamine 18 mg.
dl-amphetamine 10 mg.
as resin complexes



List No. 878

BIPHETAMINE® '12½' Resin

Each black and white capsule contains:
d-amphetamine 6.25 mg.
dl-amphetamine 6.25 mg.
as resin complexes



List No. 895

BIPHETAMINE® '7½' Resin

Each white capsule contains:
d-amphetamine 3.75 mg.
dl-amphetamine 3.75 mg.
as resin complexes

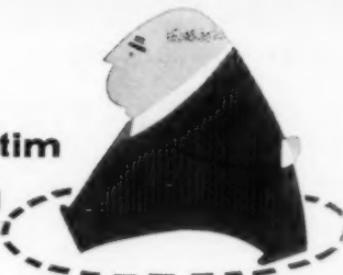


Rx Only. Caution: Federal law prohibits dispensing without prescription.

STRASENBURGH LABORATORIES
ROCHESTER, N.Y., U.S.A.

Originators of 'Strasionic' (sustained ionic) Release

**Victim
of Overeating**



Rx **NEW**

Non-Amphetamine

IONAMIN™

A 'STRASIONIC' ANORETIC

PHENYL-TERT.-BUTYLAMINE RESIN

■ **10-14 Hour Appetite Curb**

■ **Predictable Weight Loss...**

a comfortable .221 lbs. per day in average case



In many instances, appetite limitation only ('Ionamin') is required to effect the balance between caloric intake and energy output necessary for predictable weight reduction and control. Since 'Strasionic' release is employed, the desired therapeutic action is uniform, predictable and comfortable.

Ionamin may be prescribed for obese patients who are arthritic, diabetic, pregnant, menopausal, aged, to reduce surgical risks, and may be used with caution in hypertensive or cardiovascular disease.

■ **Single Capsule Daily Dose 10 to 14 hours before retiring**

2 STRENGTHS

List No. 904

**IONAMIN™
'30'**

Each yellow capsule contains:
phenyl-tert.-butylamine .30 mg.
as a resin complex



List No. 903

**IONAMIN™
'15'**

Each grey and yellow capsule contains:
phenyl-tert.-butylamine .15 mg.
as a resin complex

By Rx Only.
Caution: Federal law prohibits
dispensing without prescription.

STRASENBURGH  LABORATORIES
ROCHESTER, N.Y., U.S.A.

Originators of 'Strasionic' (sustained ionic) Release

*Unexcelled Effectiveness
and Acceptability*
for **VAGINITIS**

trichomonal
monilial
bacterial (nongonococcus)

MILIBIS®

Vaginal
Suppositories



Average dosage: 1 suppository inserted every other night before retiring, for 10 doses.



Supplied in
boxes of 10 with
plastic applicator.

Sanitary • Assures correct placement.

Winthrop LABORATORIES
NEW YORK 18, N. Y.

Milibis (brand of glycerolsoft,
trademark reg. U. S. Pat. Off.)

THE BEST MORTGAGE DEAL

tional mortgages are generally limited to 66 per cent.

No matter what kind of mortgage you negotiate, check carefully into the "extras" it offers. There are several available; and they can make a big difference in how attractive the deal is. Here are the major extras to seek:

¶ A *package provision* permitting you to finance certain appliances and furnishings through the mortgage, if you want to.

¶ An *open-end clause* permitting you to borrow money on the same mortgage sometime in the future if you need it for im-

Amusing . . .
Amazing . . .
Embarrassing . . .

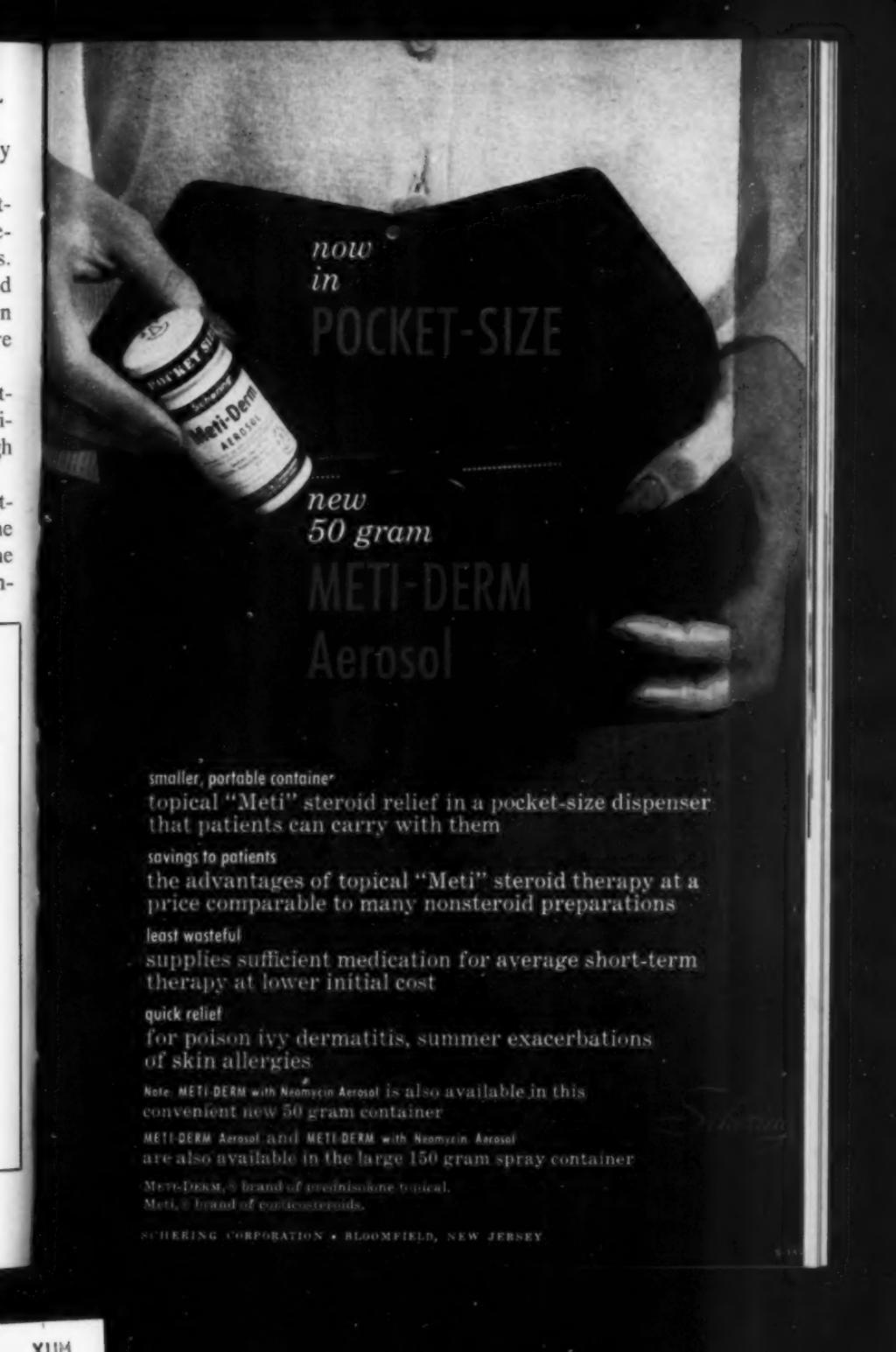
No doubt one of these adjectives describes some incident that has occurred in the course of your training.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40 for it.

Contributions must be unpublished. They cannot be acknowledged or returned. Those not accepted within ninety days may be considered rejected.

Address: Anecdote Editor, MEDICAL ECONOMICS, Oradell, N.J.



now
in
POCKET-SIZE

*new
50 gram*

METI-DERM Aerosol



smaller, portable container

topical "Meti" steroid relief in a pocket-size dispenser
that patients can carry with them

savings to patients

the advantages of topical "Meti" steroid therapy at a
price comparable to many nonsteroid preparations

least wasteful

supplies sufficient medication for average short-term
therapy at lower initial cost

quick relief

for poison ivy dermatitis, summer exacerbations
of skin allergies

Note: METI-DERM with Neomycin Aerosol is also available in this
convenient new 50 gram container

METI-DERM and METI-DERM with Neomycin Aerosol
are also available in the large 150 gram spray container

Meti-Derm,® brand of prednisolone topical.

Meti,® brand of corticosteroids.

SCHERING CORPORATION • BLOOMFIELD, NEW JERSEY

HOW TO GET THE BEST MORTGAGE DEAL

provements or for any other purpose.

¶ A *prepayment clause* permitting you to pay off all or part of your mortgage without penalty. Then you can put your spare dollars toward reducing your mortgage, and so cut your carrying charges.

¶ A *loan modification agreement* permitting you to adjust the terms of the mortgage if it becomes necessary because of your financial circumstances. For example, if your earnings should drop off during illness, a loan modification agreement

would let you reduce your monthly payments accordingly.

Finally, here's something to avoid if you can: a second mortgage on the same property. On prime residential property, you might pay 10 to 15 per cent interest for a five-year second mortgage. On an older house, or for a longer loan, the rate would be still higher. No wonder U.S. Housing Administrator Norman P. Mason says:

"Like one wife, one mortgage is all a man should be asked to bear. It's the second one that gets him in hot water." END



Have you changed your address?

*To insure uninterrupted delivery of your copies of
MEDICAL ECONOMICS, please fill out and return the coupon below:*

Medical Economics, Inc., Circulation Dept., Rutherford, N.J.

NAME _____ M.D. _____

(please print)

Former address:

STREET _____

CITY _____ ZONE _____ STATE _____

New address:

STREET _____

CITY _____ ZONE _____ STATE _____

62259

For this
compelling
reason . . .

BONAMINE (not a phenothiazine derivative)
prevents symptoms up to 24 hours
with a single dose
without incidence of serious side effects
according to all published reports.

BONAMINE*

Front of medicine hydrochloride

DRUG OF CHOICE

in

nausea vertigo vomiting

INDICATIONS

Nausea and vomiting of pregnancy or hyperemesis gravidarum • Cerebral arteriosclerosis and other geriatric indications.

Emesis or dizziness associated with Meniere's syndrome, radiation therapy, fenestration procedures, labyrinthitis • Motion sickness from any kind of travel.

BONAMINE Tablets, scored, tasteless, 25 mg. Boxes of 8, bottles of 100 and 500.

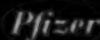
BONAMINE Chewing Tablets, pleasantly mint flavored, 25 mg. Packages of 8.

BONAMINE Elixir, cherry flavored, 12.5 mg. per 5 cc. Bottles of one pint.

BONADETTES® Tablets, raspberry flavored, 25 mg. Boxes of 6 and 10. An excellent pediatric form—melts in the mouth, no water needed for swallowing.

DOSAGE: Usually 25 to 50 mg. once a day.

REFERENCES: 1. Seilmer, H. M.: Illinois M. J. 109:20, 1958. 2. Weil, L. L.: T. Florida Acad. Gen. Practice 4:8, No. 3, 1954. 3. Moyen, J. H.: M. Clin. North America, March, 1957, p. 405. 4. Kinney, J. J.: J. M. Soc. New Jersey 53:128, 1956. 5. McClure, C. C.: Personal communication. 6. Charles, C. M.: Geriatrics 11:110, 1956.



Science for the world's well-being

Pfizer LABORATORIES, Division Chas. Pfizer & Co., Inc. Brooklyn 6, N.Y.

*Trademark

*Curb appetite
without CNS
stimulation...*

**weight loss
WITHOUT
calorie counting**

NEW

Tepani

(diethylpropion 'National')

"...meets practically all the criteria for an ideal anorexigenic agent."

- *effectively curbs appetite*
- *no risk of CNS, vasopressor or psychic stimulation*
 - *can be taken even at night*
- *encourages patient cooperation*
- *safe, even in the presence of hypertension or cardiac disease*

Products of Original Research



THE NATIONAL DRUG COMPANY
Philadelphia 44, Pa.

Trademark: Tepani

for a weekly weight loss of 1-2 lbs.

Continuous calorie counting places a strain on the physician-patient relationship, often creates guilt feelings over slight infractions. The Tepanil Non-Calorie Counting Regimen now avoids monotonous meals, discouragement and frustration.

One Tepanil tablet (25 mg.) is prescribed t.i.d., one-half hour before meals, with emphasis on portion control, allowable substitutions and correction of faulty food habits, rather than on the counting of calories. If desired, an additional Tepanil tablet may be given in the evening to eliminate the desire for the bedtime snack.

less than 1 lb./wk.	18	patients
1-2 lbs./wk.	37	patients
2-4 lbs./wk.	15	patients

Weekly weight loss of 70 patients who received 25 mg. of Tepanil t.i.d., before meals, for a period of 3-40 weeks, without special diet instructions.²

for those who must or should lose more weight

In those cases where medical and/or cosmetic reasons call for even greater weight reduction, Tepanil (25 mg.) is prescribed t.i.d., one-half hour before meals, in addition to a suitable low-calorie diet. In one such group, treated over an average period of 7.3 weeks, Ravetz achieved the following results:¹

Weight loss of 32 patients treated with Tepanil, in addition to a 1000 calorie diet

Mean	SD	Range	Median	Mean	SD	Range	Median	Mean
2.3	2.9	1.0-10.0	4.2	22.5	2.8	0-84	24	32.5

Composition: 1-phenyl-2-diethylamino-propanone-1-hydrochloride (diethylpropion).

Dosage: One tablet t.i.d. one-half hour before meals. If desirable, an additional tablet may be given in the evening.

Side Effects: Clinically, side effects are rare. Approximately 3 per cent of the patients report dryness of the mouth or thirst. An occasional patient may complain of constipation; this may be relieved by appropriate measures.

Supplied: Tablets of 25 mg. Bottles of 100.

References: 1. Sleinman, A.D.: Clinical Evaluation of Diethylpropion, A New Antianorectic Compound, presented at the Symposium of the Michigan Academy of General Practice, Detroit, Michigan, March 4, 1959. 2. Ravetz, E.: Evaluation of Anorexigenic Products, *Ibid.* 3. Huels, H.G.: Clinical Approach to Treatment of Obesity, *Ibid.*

The Tepanil Non-Calorie Counting Regimen^{2,3}

The Tepanil Non-Calorie Control Regimen

Trademark: Tepanil

T-3409/59

antiasthmatic / antihistaminic



TEDRAL® anti-H For maximum seasonal protection against "hay-fever" symptoms in pollen-sensitive asthma patients, augment your basic Tedral program with new *Tedral anti-H* . . . dependable Tedral antiasthmatic plus antihistaminic chlorpheniramine. Tedral anti-H assures simultaneous prevention of itching, sneezing and lacrimation of pollinosis and the bronchospasm and mucous congestion of asthma. Adult dosage: 1 or 2 tablets q.4.h.

Formula: theophylline, 130mg., (2gr.); ephedrine, 25 mg., (3/8gr.); phenobarbital, 8mg., (1/8gr.); chlorpheniramine, 2 mg., (1/32gr.).

new protection for pollen-sensitive asthmatics



n
IC
alie
edit
Pos
do
As
artic
raise
tient

W
inter
fied.
tervi
see a
—"I
know
pend
the
popu

THE A
school.
False F



The Trouble With Science Writers

They popularize the 'latest' in medicine. And here's why one doctor believes it's impossible to be both stylish and scientific

By William H. Sprunt, M.D.

In a recent interview with MEDICAL ECONOMICS' Lois R. Chevalier, Steven M. Spencer, science editor of The Saturday Evening Post, insisted that science writers do much more good than harm. As Mr. Spencer sees it, medical articles in the lay press don't raise false hopes; they make patients easier to treat.

When I'd finished reading the interview, I felt vaguely dissatisfied. So I decided to do some interviewing of my own. I went to see a certain Dr. O. G. Servetus—"I Fed Fever" Servetus, as he's known in this area. As an independent G.P. of the old school, the doctor is an authority on popular medical articles. He has



been coping with them for over twenty years.

"Do you agree with Steven Spencer's point of view?" I asked, when the doctor had settled himself into his foam-cushioned

THE AUTHOR, a radiologist, is on the faculty of the University of North Carolina medical school. For the article that inspired this imaginary interview, see "Do Science Writers Raise False Hopes?", April 13, 1959, issue.

THE TROUBLE WITH SCIENCE WRITERS

swivel chair and had failed for the third time to light his pipe.

"I'm afraid not," Dr. Servetus said with a quizzical smile. "My chief objection to popular scientific articles is that they can't be both popular and scientific. This is understandable when you realize that newspapers and magazines are essentially a part of the entertainment industry. For a science article to be popular, it must entertain."

A little shocked by this statement, I asked: "Do you mean that the public doesn't read science articles in order to learn about science?"

They Read for Fun

"That's exactly what I mean. The public reads to be entertained. And we know *a priori* (Latin expression meaning a self-evident truth) that people who read to be entertained do not wish to think. They desire predigested material, presented in four-letter words, and perhaps an occasional six-letter one, with multiple analogies from everyday life. They desire to be thrilled by the 'advances of science,' and they desire the *illusion* of being well informed."

"But wouldn't you agree that

the public is demanding more and more information on scientific subjects?"

"Judging by the number of home remedy volumes, sex manuals, and how-to-care-for-your-organ books, I'd say that the publishers think they're demanding more. Which comes first, the paying public or the publisher's push? I don't know."

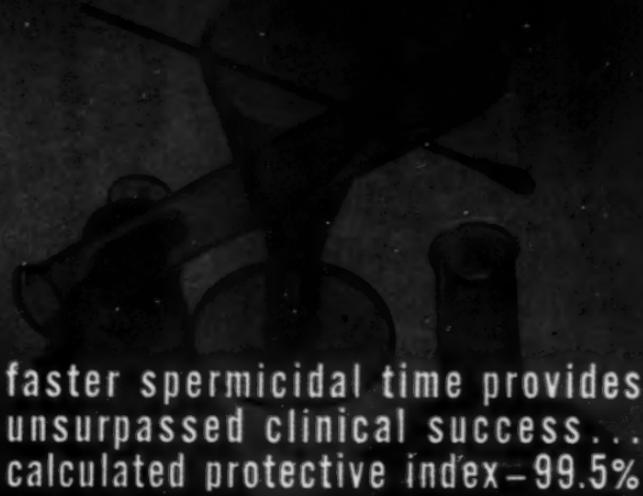
"In your own practice, how often do patients mention things they've read in magazines or newspapers?" I asked.

No Comment

"Not very often—at least, not in a way that's detrimental to our patient-physician relationship," Dr. Servetus replied. "Sometimes a patient will make an off-hand remark about a new treatment, evidently hoping I'll comment. I usually ignore the statement, or simply say I know nothing about it."

"You mentioned complications of the patient-physician relationship by popular medical articles. Can you explain further?"

"Yes, gladly. A few years ago, I was treating a patient for the final stages of cancer of the breast. She had had surgery, X-ray, hormones, and adrenalectomy, but



faster spermicidal time provides
unsurpassed clinical success...
calculated protective index—99.5%

NEW LANESTA® GEL
for more reliable family planning

Rapid spermicidal time: In Gamble diffusion tests,¹ LANESTA GEL completely immobilizes all discoverable sperm within 45 minutes. By the hemocytometer test, LANESTA GEL immobilized human spermatozoa in one-third to one-eighth of the time required by five leading contraceptive products.²

Protective Index — over 99.5%: In over 200 patient-years' use, by more than 400 women of proven fertility, only one unplanned pregnancy was reported during controlled studies by leading clinics and outstanding private practitioners.³⁻⁶

Unusually well tolerated: Tolerance tests were performed in more than 190 couples.⁷⁻⁸ LANESTA GEL was nonirritating to genital tissues of males and females, even in the presence of acute vaginitis.⁸

Supplied: Lanesta® Exquiet® (Physician's Prescription Package), 3 oz. tubes with applicator, 3 oz. refills. Available at all pharmacies.

References: 1. Gamble, C. J.: "Diffusion Spermicidal Times of Commercial Contraceptive Jellies and Creams Secured in 1956," *Am. Fract. & Digest. Treat.* (Nov.) 1958. 2. Horberian, D. A., and Bligher, R. G.: Cytometer Chamber Spermatoциdal Test, An Improved Technique for Evaluating Spermicidal Activity, *J.A.M.A.*, A. Clinical Notes 183:2251 (Dec. 27) 1958. 3. New York City Study: "Interim Report on Clinical Investigation of Lanesta Gel," Personal Communication, To be published on completion. 4. McEvans, J. J.: "Interim Report on Clinical Investigation of Lanesta Gel," Personal Communication, To be published on completion. 5. West Coast Study II: "Interim Report on Clinical Investigation of Lanesta Gel," Personal Communication, To be published on completion. 6. West Coast Study II: "Interim Report on Clinical Investigation of Lanesta Gel," Personal Communication, To be published on completion. 7. "Definitive Studies of New Spermicides," Research Section, Esta Medical Laboratories, Chicago, Illinois, (June) 1957. 8. Peri, Gioella: "Vaginal Tolerance of Lanesta Gel in Common Leukorrhea," Personal Communication.

LANESTA® GEL, a product of Lanteen® research.

ESTA MEDICAL LABORATORIES, INC., Alliance, Ohio
distributed by George A. Breon & Co., New York 18, N. Y.

THE TROUBLE WITH SCIENCE WRITERS

she was dying with many metastases. In a popular, pocket-sized magazine, she read of a new wonder drug that was being investigated. Both she and her husband insisted I try this drug.

"I knew little about it, though I'd heard of it. So I went to the library, read all I could, and talked to some of the cancer experts at our state medical schools. Finally, I concluded that the drug hadn't been properly tested and had little to offer my patient; it also caused occasional harmful side-effects. I told this to the patient and refused to give it to her."

"Was she satisfied?" I asked.

"No. She wrote the investigator herself and tried to get the medicine. She was told it could be sent only to a physician. So she found another doctor, who gave it to her. A month later she died. As far as I know, the medication did no harm. But it also did no good."

"Don't you think it was worthwhile, since it did no harm?" I asked.

"No. I hadn't told her there was no more I could do. There were several better measures I was willing to try in desperation. True, she'd have died anyway.

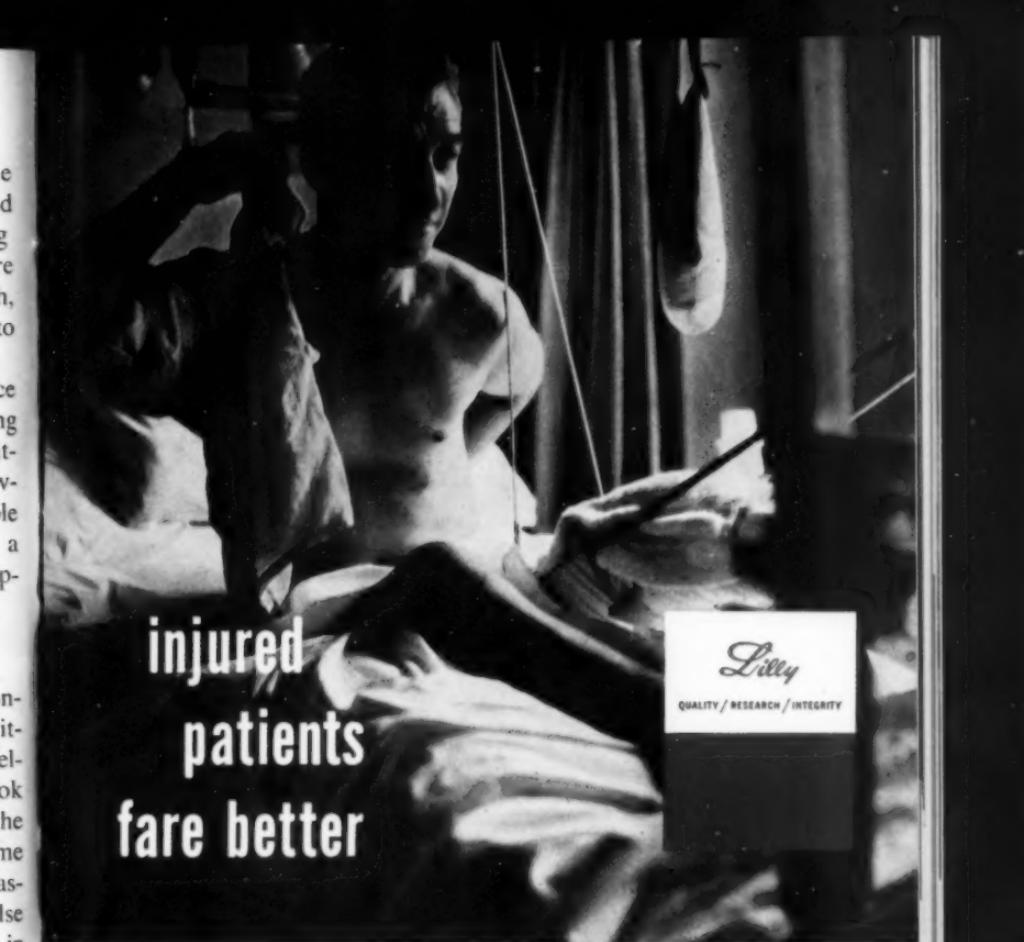
But that isn't the point. What she didn't know was that she'd read of only one experimental drug. She didn't realize that there are several reported each month, most of which never amount to anything."

I changed the subject, since Dr. Servetus seemed to be getting excited: "The best science writers, like Mr. Spencer, go to several doctors and get multiple opinions before writing about a new product. Isn't that a fair approach?"

The Impatient Writers

"It's as fair as possible, considering that they insist on writing about the very newest developments. Remember that it took over ten years for most of the medical profession to become convinced of the truth of Pasteur's work; and plenty of false discoveries came and went in that interim. Science writers can't wait for proof. I'm conservative enough to think that now would be the time for a popular science writer to discuss streptomycin or isoniazid—and not to discuss the newest chemotherapeutic cancer agent. But then I'm not a journalist."

"Do you feel that a question



injured
patients
fare better

Lilly
QUALITY / RESEARCH / INTEGRITY

BECOTIN® WITH VITAMIN C

supplies needed and easily depleted water-soluble vitamins

As in surgery, the stress of severe fractures, burns, or wounds contributes to the depletion of the B and C vitamins. Says Hayes,¹ "When these are supplied to man at a level which meets the metabolic requirements associated with trauma, a more rapid and smooth convalescent period may be anticipated."

Becotin with Vitamin C provides therapeutic amounts of the water-

soluble B complex and ascorbic acid plus all the vitamins naturally occurring in desiccated liver and stomach tissue. Prescribe 3 Pulvules* daily following severe injuries; reduce dosage as patient improves.

1. Hayes, M. A.: Water-Soluble Vitamin Requirements in Surgical Convalescence, *Ann. Surg.*, 140:661, 1954.

Becotin® with Vitamin C (vitamin B complex with vitamin C, Lilly)

LILLY VITAMINS...THE PHYSICIAN'S LINE*

802017

in many organic illnesses, too...



cli
hel

In a
anxi
thera
patie
appre
(3) er

Con
clude
impro
of con
rasthe
and p
intest

In a
and t
helpfu
In a
found
in all
usually
side-e

Ultr

scored

1. Sum
2. Rhoc
112:273

Ultran®

ELI L

clinical studies show that Ultran® helps you to restore assurance

In a wide range of diseases which are primarily organic, apprehension, anxiety, and tension may obstruct recovery. In such cases, adjunctive therapy with Ultran as an aid to your reassurance will often equip the patient better for a smooth return to normal living. Ultran (1) allays apprehension and anxiety, (2) relieves neuromuscular tension, and (3) enhances the effectiveness of analgesic therapy.

Compilation of data from an extensive clinical evaluation, which included 4,860 patients, reveals that anxiety and tension states markedly improve with Ultran. Definite improvement was noted in a wide variety of conditions treated, including menopause, premenstrual tension, neurasthenia, pain (adjunctive relief), migraine and tension headache, and psychosomatic illnesses (asthma, hay fever, dermatoses, gastrointestinal complaints, etc.).¹

In a study on hypertension, Ultran was valuable in relieving anxiety and tension.² In geriatric agitation, Ultran has been observed to be helpful in calming 82 percent of moderately agitated senile patients.³ In a wide variety of common dermatological conditions, Ultran was found to provide good or excellent tranquilizing and antipruritic effects in all but one of 81 patients.⁴ Also, patients with prolonged illness usually experience alleviation of emotional tension, without significant side-effects.⁵

Ultran is supplied in Pulvules® of 300 mg. (usually 1 t.i.d.) and scored tablets of 200 mg. (usually 1 q.i.d.).

1. Summary of extended clinical trial data, Lilly Laboratory for Clinical Research.

2. Rhode Island M. J., 40:514, 1957. 3. Geriatrics, 12:607, 1957. 4. Illinois M. J., 112:273, 1957. 5. Am. Pract. & Digest Treat., 9:397, 1958.

Ultran® (phenaglycodol, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

974011

of ethics is involved in publicizing scientific information of this type?"

"Certainly. When a physician writes for physicians, he writes in a medical journal. When he writes for publicity, he writes or permits himself to be quoted in the press. But let me hastily add that there are sometimes extenuating circumstances.

He Blames Hospitals

"Hospitals and medical schools are actually the worst offenders when it comes to 'raising false hopes.' They employ full-time publicity agents whose job is to feed information to the press, obviously to keep the institution in the public eye. Anyone can name the two New England hospitals that get the most publicity, or the New York cancer institute, or the Midwestern clinic, or the Hollywood hospital where the female stars have their delicate operations. The publicity must pay off, or they wouldn't be so thirsty for it.

"And now even the A.M.A. has bowed before the great god Huckster, hoping to gain by advertising methods what it hasn't been able to gain at the patient-physician level. In my opinion,

such a campaign is doomed to failure."

"Perhaps medical institutions aren't subject to the same code of ethics as physicians are," I suggested.

Dr. Servetus nodded. "I'm sure the medical schools and hospitals would agree with you. The poor physician is caught in the middle. Publicity is worth money, and doctors are only human. To point out how advertising pays, let me tell you of a physician who was building a house in the country near here. The construction company put a sign on the main highway to direct the trucks to the inconspicuous dirt road leading to the homesite. The sign said, 'Dr. Smith's home,' with an arrow pointing to the road. It happened that Dr. Smith got three patients who admitted they came to him only because they saw his name on the sign."

I noted that my time was running out. "Have you any other comments?" I asked.

"I'd like to say that I admire Mr. Spencer for granting MEDICAL ECONOMICS an interview. Journalists, I'm told, are notoriously wary of interviews, because they know better than any-



helps meet
the nutritional
challenge of
pregnancy



COMPREN®

when the "parasitic fetus" drains maternal stores

Even *in utero*, baby will have his way. Nature favors his need to build up a store of nutrients for his own biochemical processes—often at the expense of the mother-to-be.

Supplementation of her normal dietary intake with the comprehensive Compren formula will not only help overcome maternal deficiency but will also insure an adequate supply to the "parasitic fetus." Prescribe 1 to 3 Pulvules® daily for better health and fewer complications for both mother and child.

Compren® (prenatal dietary supplements, Lilly)

808000

LILLY VITAMINS...THE PHYSICIAN'S LINE®

THE TROUBLE WITH SCIENCE WRITERS

one else how great are the risks of being misinterpreted. I have seen doctors almost in tears from the reports of a well-meaning interviewer who was trying to favor the doctor."

"So have I," I agreed, scribbling furiously to keep up with his rapid speech.

"I'd also like to say that I have the greatest respect for top science writers like Spencer, Laurence, Lear, and Blakeslee. Their knowledge of science is as-

tounding to me. But in the long run they're forced to rely chiefly on the judgments of others, and therein lies the danger. Of their motives or their honest concern about the ailing human being, I have no doubt."

I thanked Dr. Servetus and rushed back to my office to write this article. I believe I've reported Dr. Servetus' sentiments precisely. But he himself warned me that there's no such thing as a perfect interview. END

M_{edical}feat

The other day an R.N. I know met a former surgical patient on the street. She hadn't seen him for years, but she remembered him well because he was so tall. In fact, she'd had quite a time keeping his hospital bed neat because of his long legs. They were always sticking out, and she was constantly straightening his covers to try to keep his feet covered. Occasionally she'd playfully tickle them so he'd pull them up. She could then quickly tuck in the covers.

"Do you know you saved my life?" the man asked her now. "I was convinced that my surgeon wasn't telling me the truth, and that I'd never recover. Then, thanks to you, I decided I was going to get well."

"Thanks to *me*?" the R.N. asked in amazement.

"Yes," he answered. "I figured no one would tickle the feet of a dying man."

—DEANE BINDER

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

Why a combined hematinic?



both blood picture and patient respond to **TRINSICON®**

Investigators^{1,2} have determined that low serum iron may be accompanied by insidious vitamin B₁₂ deficiencies which result from sub-nutrition, increased demand, or lack of intrinsic factor. Coexisting vitamin C deficiencies also have been found.³

These studies suggest that an anemia may be multiple in nature—that optimum results would be derived from a combination of therapeutic agents.

Trinsicon offers therapeutic quantities of all known hematinic factors. Prescribe two Pulvules® daily to provide assured response in all treatable anemias.

Trinsicon® (hematinic concentrate with Intrinsic factor, Lilly)

1. A. M. A. Arch. Int. Med., 99:346, 1957.
2. Am. J. Obst. & Gynec., 70:1309, 1955.
3. Lancet, 1:448, 1957.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

819018

When You NEED a Way With Women

This doctor says it's when you're up against the fears they often bring along with female ailments. Here's how to reassure such patients

BY JOHN E. EICHENLAUB, M. D.

A slip of the tongue has cost many a doctor a woman patient," one of my professors once said. "Why? Because the patient who comes to you with a female ailment is apt to complicate it with a mixture of fear, ignorance, and hypersensitivity. You can alienate her in an instant by saying the wrong thing."

How right he was about women! I learned that soon after I began practice. One of my first patients rejected my help because I offered it in the wrong way. She'd made a remark that seemed to point toward unsatisfactory sex adjustment, and I tried to take it from there.

"What sort of trouble do you

have?" I asked. "Can't you reach a climax?"

"Certainly."

"Are you tense during intercourse? Do you experience any pain?"

"It's nothing like that," she said, her voice sounding tight.

"Then perhaps you don't always feel interested when your husband is?"

She shook her head and rose. "It's not that, either," she replied. "I guess it's nothing, really."

Later in the day, I mentioned this conversation to an old-time gynecologist, Harvey Jones. "No wonder your girl froze up," he said. Then he gave me this practical pointer:



relief
from
the acute pain
of
trauma

Lilly
Quality / Research / Integrity

DARVON® COMPOUND potent · safe · well tolerated

The clinical usefulness of Darvon® (dextro propoxyphene hydrochloride, Lilly), alone and in combination, has been substantiated by more than 100 investigators in the treatment of over 6,300 patients in pain. A consolidation of these reports shows that 5,663 (89.8 percent) experienced "effective analgesia."

Darvon Compound combines in a single Pulvule® the analgesic action of Darvon with the antipyretic and anti-inflammatory benefits of A.S.A.® Compound (acetylsalicylic acid and acetophenetidin compound, Lilly). When inflammation is present, Darvon Compound reduces discomfort to a greater extent than does either analgesic given alone.

Usual dosage: 1 or 2 Pulvules three or four times daily.

Also available: Darvon, in 32 and 65-mg. Pulvules.

Usual dosage: 32 mg. (approximately 1/2 grain) every four hours or 65 mg. (1 grain) every six hours.

Darvon® Compound (dextro propoxyphene and acetylsalicylic acid compound, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

920248

Never forget to safeguard the self-esteem of the woman patient when questioning her about intimate matters.

"Your patient probably needed help," the older doctor remarked. "But you jolted her every time you opened your mouth. Very few women can stand to have a shadow cast on their sexual role as females."

"What would you have done?" I asked.

"I'd point the questions away from the patient," he replied. "I might say: 'Does your husband satisfy you sexually most of the time?' But not 'Can't you reach a

climax?' And not 'Are you tense during intercourse?'

"Often you can get the information you need without even asking a direct question. For example, you can simply remark: 'A great many couples find that one wants intercourse more frequently than the other.' Then observe an expectant silence. Usually the patient will volunteer the information you want."

Since then, I've tried to follow my senior colleague's prescription. As far as I know, I haven't lost another patient through a slip of the tongue. But I've still found it difficult to cope with the



"I don't need a hearing aid. When people see this piece of wire, they just naturally talk louder."



controls hypertension... yet averts nasal congestion

Lilly

QUALITY / RESEARCH / INTEGRITY

SANDRIL®-C PYRONIL® adds antihistamine to reserpine therapy

Although the nasal stuffiness commonly caused by reserpine preparations is seldom serious, it may be bothersome enough to induce patients to cease therapy.¹

Clinical experience^{1,2} has revealed that the antihistamine, Pyronil, provides relief for approximately 75 percent of patients who experience this side-effect. Therefore, Sandril-c Pyronil offers you better patient control by providing greater freedom from nasal congestion.

Each tablet combines:

Sandril 0.25 mg.
Pyronil 7.5 mg.

Usual Dosage: 1 tablet b.i.d.

Sandril® (reserpine, Lilly)

Also: Sandril, as tablets of 0.1, 0.25, and 1 mg., and elixir, 0.25 mg. per 5-cc. tea-spoonful.

1. Geriatrics, 12:185, 1957.
2. J. Indiana M.A., 48:603, 1955.

Pyronil® (pyrrobutamine, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

971000

false notions, the groundless worries, the old wives' tales that many women bring with their ailments.

So I've been asking contemporary colleagues how they handle such situations. The following is their consensus:

Anticipate false fears about female ailments and go out of your way to scotch them.

What kind of false fears? Well, here are three that are perhaps the most important ones to look for:

1. A woman may mistakenly think her ailment is the result of too much sexual activity. Such a patient was Hilda Schroeder. Six months after Dr. Ray Devlin delivered her of twins, her husband told the doctor his wife hadn't returned to normal.

"When I talked it over with the woman," recalls Dr. Devlin, "she finally explained. To her, twins meant you'd been having intercourse too often. She was embarrassed to think that everyone in town knew it. So she couldn't relax with her husband any longer.

"This tipped me off to watch for the same sort of groundless worry in other patients. It's surprising how often it crops up.

For example, until we had a talk, one unhappy woman thought a miscarriage was punishment for enjoying sex. A prolapse patient thought all would be well if she were more passive during sexual union. Once you're on the lookout for such false notions, you can easily banish them with the facts."

2. A woman may mistakenly assume that an ailment rules out childbearing. Dr. Jack Smith told me about a patient who had a few vulval varicosities. Some years back, another doctor had apparently remarked that they'd probably get worse with each pregnancy. The patient took his words as a prohibition.

"By the time I straightened out the misunderstanding," Jack Smith said, "she was too old to have the big family she'd wanted. So nowadays, when I tell patients that this or that mild condition might be aggravated by pregnancy, I say specifically it isn't a bar to more children."

3. A woman may mistakenly connect her ailment with venereal disease. "Louise Peterson was one patient who did just that," recalls Dr. Bob Barrow. "After I cauterized her cervix, she told her husband he had in-

TES

"...
great
diabe

Bl

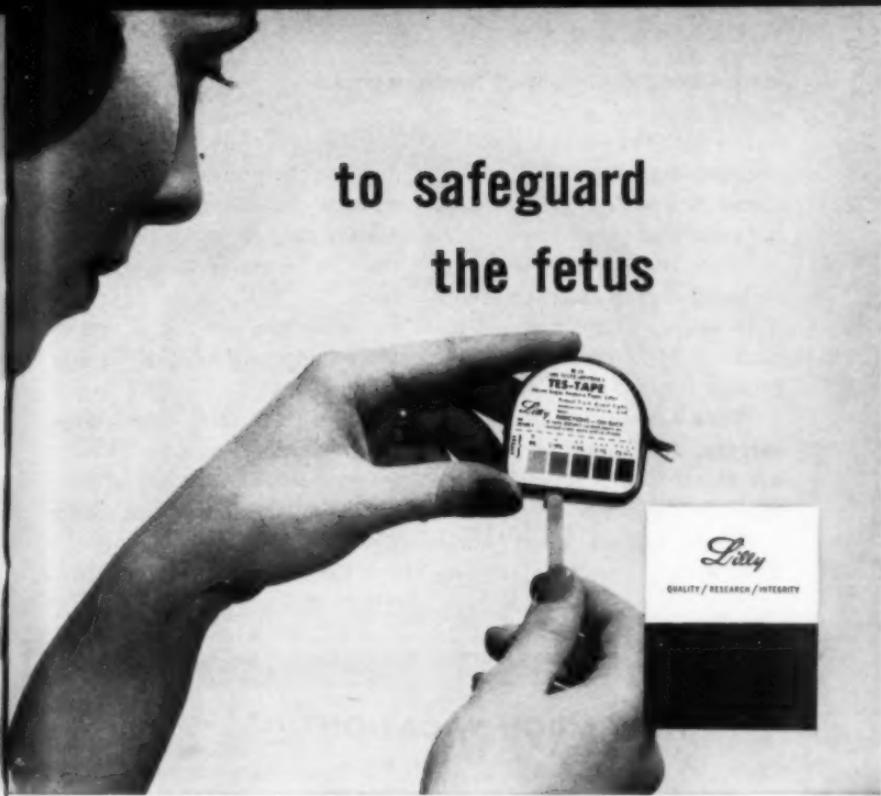
(Tes-
for us
galac
react

T
gluco
quan
tute

1. Shle
2. Wil
3. Whi

Tes-Ta

ELI



to safeguard the fetus

TES-TAPE® helps detect the pregnant "pre-diabetic"

"...fetal mortality in the unrecognized diabetic may be as great as, if not greater than, in the known diabetic."¹ Therefore, it is vital to find the "pre-diabetics" by frequent blood and urine testing.

Because of its greater sensitivity and specificity, the glucose oxidase (Tes-Tape) method of urine glucose determination has been recommended^{2,3} for use during pregnancy in preference to copper-reducing methods. Fructose, galactose, and lactose in the urine of pregnant women give false positive reactions with copper-reduction tests.

These sugars will not affect Tes-Tape, however; Tes-Tape is specific for glucose. Moreover, because Tes-Tape is more sensitive, it detects even minute quantities of glucose. Thus, you can discover the glycosuria earlier and institute further studies and corrective measures more promptly.

1. Shlevin, E. L.: Pregnancy and Diabetes, *Diabetes*, 6:523, 1957.

2. Wilkerson, H. L. C.: *Ibid.*

3. Whitehouse, F. W., et al.: Management of the Pregnant Diabetic, *M. Times*, 86:833, 1958.

Tes-Tape® (urine sugar analysis paper, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

B26514

WHEN YOU NEED A WAY WITH WOMEN

fected her. They had a row. To her, infection meant V.D., and it was all I could do to persuade her otherwise.

"Since then, I've been careful to make a flat assertion about V.D. in every case where a patient might conceivably be brooding about it."

When a woman patient needs surgery, remember to reassure her about female functions that won't be impaired.

"Most women worry about three things when they face gyn-

ecological surgery," according to Surgeon Anthony Boscia. "They wonder whether it'll mean premature change of life, loss of fertility, or an end to their sex relations."

"What can you say if one of these things *will* happen?" I asked him.

"You can talk about what she'll have left," said Dr. Boscia. "And you can talk about how much better off she'll be under the circumstances."

"Take a patient facing a sur-

HOW MUCH VACATION?

The biggest trend in medical vacations is toward more of them. According to MEDICAL ECONOMICS' most recent study, almost half the doctors surveyed took at least two vacations during the year. About 15 per cent took three or more.

Another big trend is toward spacing medical holidays all through the year. The proportion of medical men away from their practices ranged from a 5 per cent low in November and January to a 30 per cent high in August.

Their average holiday was fourteen days long. But because of the trend toward multiple vacations, the average doctor spent twenty days away from his practice during the year.

Stoutly resisting all vacation trends are the 15 per cent of respondents who took *no* vacation during the year. Many of these are young men just getting established in practice. But some older men still disdain vacations, too. It appears that 5 to 10 per cent of all U.S. doctors *never* take a vacation. END

If it's a
Spansule®
brand capsule,
it's made and
marketed only by
Smith Kline & French



first in
sustained
release
oral
medication



WHEN YOU NEED A WAY WITH WOMEN

gical menopause. I make a point of assuring her that the operation doesn't—as some women suppose—speed old age.

"Or take a patient facing loss of fertility following surgery. I make a point of mentioning, when appropriate, that her ailment would have made childbirth difficult or dangerous anyway.

"As for sexual capacities, surgery virtually never interferes with them. Yet it's on that very point that most women need reassurance. I always offer it."

One final point about women

patients has been well expressed by a woman doctor I know.

"No physician can guess exactly how a discussion of female ailments may affect each individual patient," says Dr. Mary Knapp. "So I don't try to guess. Near the close of an office visit, I sit down with the patient and say something like 'Now, is there anything that we didn't make clear in our discussion?' Then I wait through an unhurried pause.

"Whether the patient has a question or not, I believe my asking helps her feel I understand what's going on inside." END



when pollen allergens attack the nose...

Triaminic provides more effective therapy in respiratory allergies because it combines two antihistamines^{1,2} with a decongestant.

These antihistamines block the effect of histamine on the nasal and paranasal capillaries, preventing dilation and exudation.³ *This is not enough; by the time the physician is called on to provide relief, histamine damage is usually present and should be counteracted.*

The decongestive action of orally active phenylpropanolamine helps contract the engorged capillaries, reducing congestion and bringing prompt relief from nasal stuffiness, rhinorrhea, sneezing and sinusitis.^{4,5}

TRIAMINIC is orally administered, systemically distributed and reaches *all* respiratory membranes, avoiding nose drop addiction and rebound congestion.^{6,7} **TRIAMINIC** can be prescribed for prompt relief in summer allergies, including hay fever.

References: 1. Sheldon, J. M.: Postgrad. Med. 14:467 (Dec.) 1953. 2. Hubbard, T. F. and Berger, A. J.: Annals Allergy p. 250 (May-June) 1958. 3. Kline, B. S.: J. Allergy 19:19 (Jan.) 1918. 4. Goodman, L. S. and Gilman, A.: *Pharmacol. Basis Ther.*, Macmillan, New York, 1956, p. 532. 5. Fahrniert, N. D.: E.E.N.T. Monthly 37:460 (July) 1958. 6. Lhotka, F. M.: Illinois M.J. 112:259 (Dec.) 1957. 7. Farmer, D. F.: Clin. Med. 5:1185 (Sept.) 1958.



Triaminic®

TRIAMINIC provides around-the-clock freedom from hay fever and other allergic respiratory symptoms with just one tablet q. 6-8 h. because of the special timed-release design.



Each **TRIAMINIC** timed-release tablet provides:

Phenylpropanolamine HCl.....	50 mg.
• Pheniramine maleate.....	25 mg.
Pyrilamine maleate.....	25 mg.

Also available: **TRIAMINIC SYRUP** for those patients of all ages who prefer a liquid medication. Each 5 ml. teaspoonful is equivalent to $\frac{1}{4}$ Triaminic Tablet or $\frac{1}{2}$ Triaminic Juvelet. **TRIAMINIC JUVELETS** provide half the dosage of the Triaminic Tablet with the same timed-release action for prompt and prolonged relief.



running noses



and open stuffed noses *orally*

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska • Peterborough, Canada

*new
oral
systemic
enzyme
tablet*

Orenzyme

(oral, enteric coated enzyme tablet National[®])

*When swelling slows recovery Orenzyme reduces
inflammation • eases pain • speeds healing*

At last, an oral systemic enzyme as easy to take as aspirin. By its proteolytic activity Orenzyme resolves inflammation and edema, speeds healing in any part of the body.¹⁻¹¹ This new oral enzyme is a distinct advance in the well-established field of trypsin therapy for resolution of inflammatory states.

Effective Treatment for contusions • crush injuries • sprains • hematomas • dislocations • postoperative tissue reactions • phlebitis and other mild inflammatory conditions. **Effective Maintenance Therapy** with Parenteral Trypsin in thrombophlebitis • ocular inflammations • ulcerations • thinning of secretion in severe pulmonary diseases. **Free of Side Effects.**

Dosage: Initially two tablets four times daily. For maintenance one tablet three or four times daily.

Supplied: In bottles of 48 red, enteric coated tablets. Each tablet contains trypsin 68%, chymotrypsin 30% and ribonuclease 2%, equivalent in proteolytic

activity to 20 mg. of crystalline trypsin.

References: 1. Martin, G. J.; Bogner, R. L. and Edelman, A.: Am. J. Pharm. 129:386, 1957. 2. Tuttle, E.: In press. 3. Pellegrino, P. C.: In press. 4-11. Aley, J. M.; Miller, W. F.; Monninger, R. H. G.; Krause, J. D.; Berger, N. S.; Smart, R. H.; Dickstein, B.; Coleman, J. M.: Personal communications.

Products of Original Research

©-5119/58



THE NATIONAL DRUG COMPANY
Philadelphia 44, Pa.

WHO SAYS YOU CAN'T BEAT

CLOSED-PANEL PLANS?

These doctors think it can be done.

They say they've won two rounds out of court. Now they're set to take a third round in the courtroom

By John R. Lindsey

Is it legal for doctors to put pressure on certain colleagues to quit closed-panel practice? "No" has been the answer of courts in a number of states. "No" has been the answer of the U. S. Supreme Court. And still the feeling persists among many doctors that it's unethical to work for health plans denying free choice of physician.

Now the doctors who feel this way have something to cheer about. Their side seems to be winning a legal battle in one

state. The battle is between the Colorado State Medical Society and the United Mine Workers Welfare and Retirement Fund.

Two years ago, the medical society proclaimed a new rule of ethics. Henceforth, it said, any doctor in the state who "aids and abets the operation of a medical plan which denies its beneficiaries the right of free choice of physician" was to be considered unethical and subject to discipline.

This crackdown on closed-

WHO SAYS YOU CAN'T BEAT CLOSED PANELS?

panel doctors was soon challenged by one of them. He was Dr. William D. Broxon, a state medical society member and a U.M.W. panel physician in the town of Trinidad. He asked the Denver District Court to declare the ethics ruling "unlawful and unenforceable."

If the ruling were used against him, he charged, it would amount to restraint of trade. He'd have trouble making hospital connections, and he'd lose status with his patients.

Two other U.M.W. doctors in Trinidad also started legal action. Surgeon Stanley H. Biber and Internist Robert D. Carlson claim-

ed they'd been denied membership in the Las Animas County Medical Society on the basis of the new ethics ruling. So they sued the society for membership and for \$150,000 in damages as well.

Thus stood the battle lines not long ago. What's happened now to cheer the critics of closed panels? First, Dr. Broxon has suddenly withdrawn his suit. Second, his two U.M.W. associates have dropped their claims for monetary damages.

When I learned of the two developments, I asked Charles D. Bromley, counsel for the Colorado State Medical Society, what the news really meant. "It means," he replied, "that the doctors of Colorado have won two of the first three rounds on the free-choice issue."

"And the third round is the Biber-Carlson suit for membership in the Las Animas County Medical Society?" I asked.

"Yes," he replied. "The issue is whether a medical society can maintain the principle of free choice of physician. We think it can."

Why, I wondered, did the U.M.W. doctors back down on two major claims? As for the



© MEDICAL ECONOMICS

anorectal
comfort
in minutes



Anusol®-HC

dependable Anusol Suppositories with hydrocortisone

Anusol®

Hemorrhoidal Suppositories and Unguent

full symptomatic control in hemorrhoids, proctitis, pruritus ani

Start with new Anusol-HC and eliminate all initial inflammatory symptoms rapidly and safely—2 suppositories daily for 3 to 6 days.

Then maintain lasting comfort, free from pain and itching, with time-proven Anusol—1 suppository morning and evening and after each bowel movement. Supplement with Anusol Unguent as required.

Anusol and Anusol-HC contain no narcotic nor analgesic drugs, will not mask symptoms of serious rectal pathology.



WHO SAYS YOU CAN'T BEAT CLOSED PANELS?

Broxon case, Dr. Broxon's attorneys insist he *didn't* back down. They point out that his suit was dismissed "without prejudice," and they say it could be reopened at any time. The doctor's own reason for withdrawing his suit: "Since I'm leaving Colorado for residency training at the University of Washington, it seemed the sensible thing to do."

But the medical society counsel, Charles Bromley, doesn't think that's the real reason for the sudden end to the suit. As he explained it to me:

"Dr. Broxon's suit would have forced the court to speculate about something that hasn't happened. Dr. Broxon still has medical society membership, and no disciplinary action has been taken against him. He had nothing but a hypothetical case."

Could They Prove It?

What about Drs. Biber and Carlson? Why did they drop their claim for monetary damages against their county medical society? Because they "probably couldn't have proved them in dollars and cents," according to Horace R. Hansen of St. Paul, Minn., one of the plaintiffs' attorneys.

"Damage to a doctor's reputation and professional future can't be measured in dollars," he says. "The real purpose of the lawsuit is to enjoin the medical society from continuing its illegal boycott."

But there may well have been another reason why the damage claim was dropped: Drs. Biber and Carlson were apparently unwilling to accede to the medical society lawyers' request that they tell the court about their financial arrangements with the U.M.W. fund. Explains Attorney Hansen: "We feel that the money arrangement has nothing to do with the case."

And the two U.M.W. fund doctors still expect to win their suit for membership in their county medical society. "We have legal precedents on our side," Hansen told me. "In addition, we have evidence that organized medicine has been engaging in overt acts against the U.M.W. fund all over the country. It's a dream case for a lawyer, from the standpoint of both law and facts."

That's not the way the state medical officials see it. They say the U.M.W. doctors have weakened their case by dropping their

In the menopause... *transition without tears*



Milprem promptly relieves emotional distress with lasting control of physical symptoms

Milprem®

Miltown® + conjugated estrogens (equine)

Supplied in two potencies for dosage flexibility:

MILPREM-400, each coated pink tablet contains 400 mg. Miltown (meprobamate) and 0.4 mg. conjugated estrogens (equine).

MILPREM-200, each coated old-rose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine).

Both potencies in bottles of 60.

Literature and samples on request.

In minutes, Milprem starts to ease anxiety and depression. It relieves insomnia, relaxes tense muscles; alleviates low back pain and tension headache. As the patient continues on Milprem, the replacement of estrogens checks hot flushes and other physical symptoms.

Easy dosage schedule: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.



WALLACE LABORATORIES
New Brunswick, N.J.

CHP-9223-69

THE FIRST ORALLY EFFECTIVE TREATMENT

GRiFULV

Griseofulvin

"...AN ADVANCE IN THE TREATMENT
OF SUPERFICIAL FUNGOUS
INFECTIONS COMPARABLE
TO PENICILLIN IN BACTERIAL
INFECTIONS."

*Wrong. N. M.: Canad. M. A. J. 80: 656 (April 15) 1959.

TREATMENT FOR RINGWORM INFECTIONS

GRIFULVIN*

IN FUNGOUS INFECTIONS OF THE SKIN, HAIR AND NAILS

- Tinea corporis usually clears in 2 to 4 weeks; itching stops in 3 to 5 days.
- Tinea pedis improves in 1 to 2 weeks but may require 3 to 6 weeks to clear.
- Tinea capitis improves in 2 to 3 weeks and is usually cured in 3 to 5 weeks.
- Onychomycosis (ringworm of the nails) takes at least 3 to 4 months to clear, but new normal growth is seen earlier.

GRIFULVIN will be available soon as 250 mg. scored tablets, colored aquamarine, imprinted MCNEIL in bottles of 16 and 100.

Trade-mark

McNEIL

McNEIL LABORATORIES, INC • PHILADELPHIA 32, PA.

WHO SAYS YOU CAN'T BEAT CLOSED PANELS?

claim for \$150,000 in damages. And they look forward to the final court test. They believe it will set a new legal precedent:

that a medical society can uphold the principle of free choice of physician.

If they're right, the new pre-



Next month, next year, or as soon as you can arrange it, you may well be following in the footsteps of the 10,000 U.S. physicians who are off to foreign parts this month. How are you going to pay your way when you get there?

In Paris or London, you can't cash a Kalamazoo bank check at will. And you certainly don't want to stuff your bags with wads of exotic currency. So what do you do? The consensus of seasoned medical travelers is this:

Take along about \$50 in American money, \$15 or so in the currency of the first foreign country you'll be visiting, and the rest of your trip funds in the form of traveler's checks.

You'll need the U.S.A.-style \$50 to cover incidental expenses going and coming by plane or

What to Do About Cash Whe

ship. The \$15 in foreign currency—which you can buy through your bank—will take care of immediate expenses when you land. And you'll want most of your money in traveler's checks because they can be cashed practically anywhere by you—and nowhere by anyone else.

Traveler's checks can be bought from the American Express Company, Thomas Cook & Son, or any one of a number of large banks. Prices range from 75 cents to \$1 per \$100. You also pay a small extra cost because the foreign bank, hotel, or money changer won't give you \$20 for a \$20 check. He'll give you the equivalent of \$20 in his own money *minus* a few francs or pennies or lire for the service.

What about credit cards? They're handy to have, but their

cedent may be used as a club against closed-panel physicians in many another state. But don't bet on it. Some other medical so-

cietry lawyers have already concluded that closed-panel plans can't be beaten—in court, anyway.

END

When You Go Abroad

use is limited. Even the best-known—American Express and Diners' Club—are by no means honored everywhere.

On the other hand, a letter of credit from your bank is a good thing to carry along. It spares you the trouble of cabling for funds if your wife goes on an unexpected buying spree when you're down to your last traveler's check.

Three final tips for managing money when going abroad:

1. If you prefer to stock up on foreign currency in the U.S. to take advantage of the slightly more favorable exchange rates here, be sure to check beforehand on the currency restrictions of the nations concerned. Otherwise you might, for example, buy 20,000 Spanish pesetas in New York and find on reaching Spain



that you can't take more than 10,000 pesetas into the country.

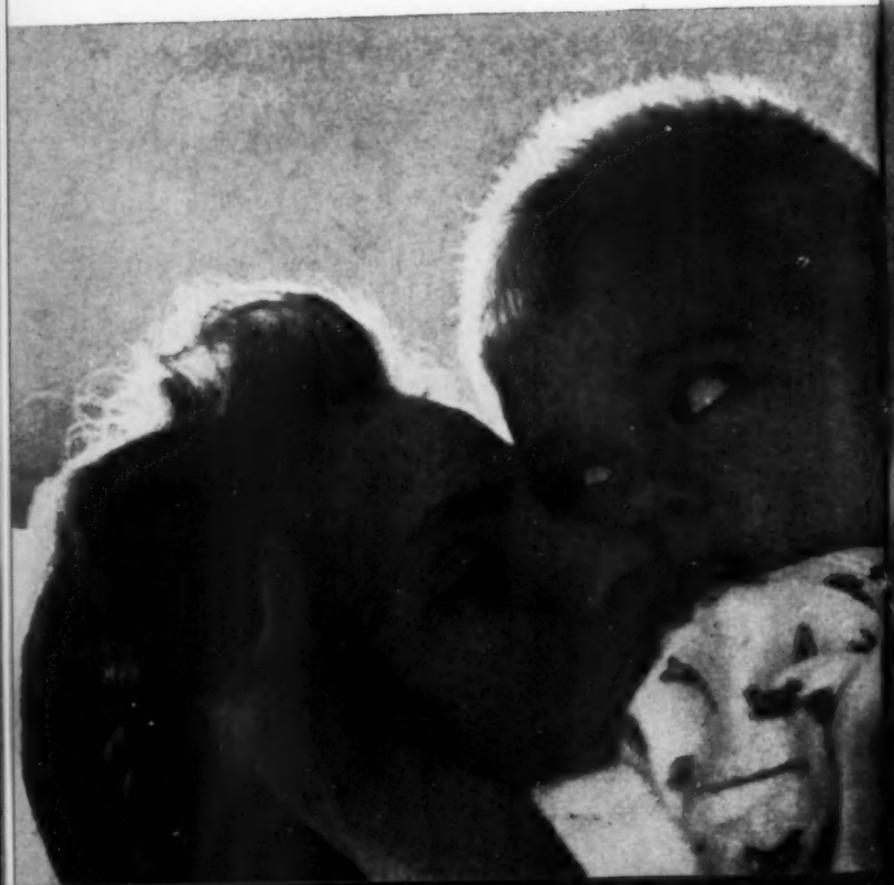
2. It's a good idea to tell someone in your bank about your travel plans. He can help you arrange prompt action if you ever have to cable for funds.

3. If you and your wife are traveling together, make sure your money and property can be got at if necessary during your absence. You may want to talk to your lawyer about giving somebody at home a limited power of attorney.

The point is, when you're traveling abroad, you need ample funds both safely at hand and readily available in reserve. It's the only way to feel really relaxed as, in your shiny white dinner jacket tight across the hips, you tango on the terrace at Sorrento.

END

in children Compazine*



***relieves nausea *stops vomiting
*controls behavior disorders**

Rapid acting • Effective in low dosage • Well tolerated in the recommended dosage range.

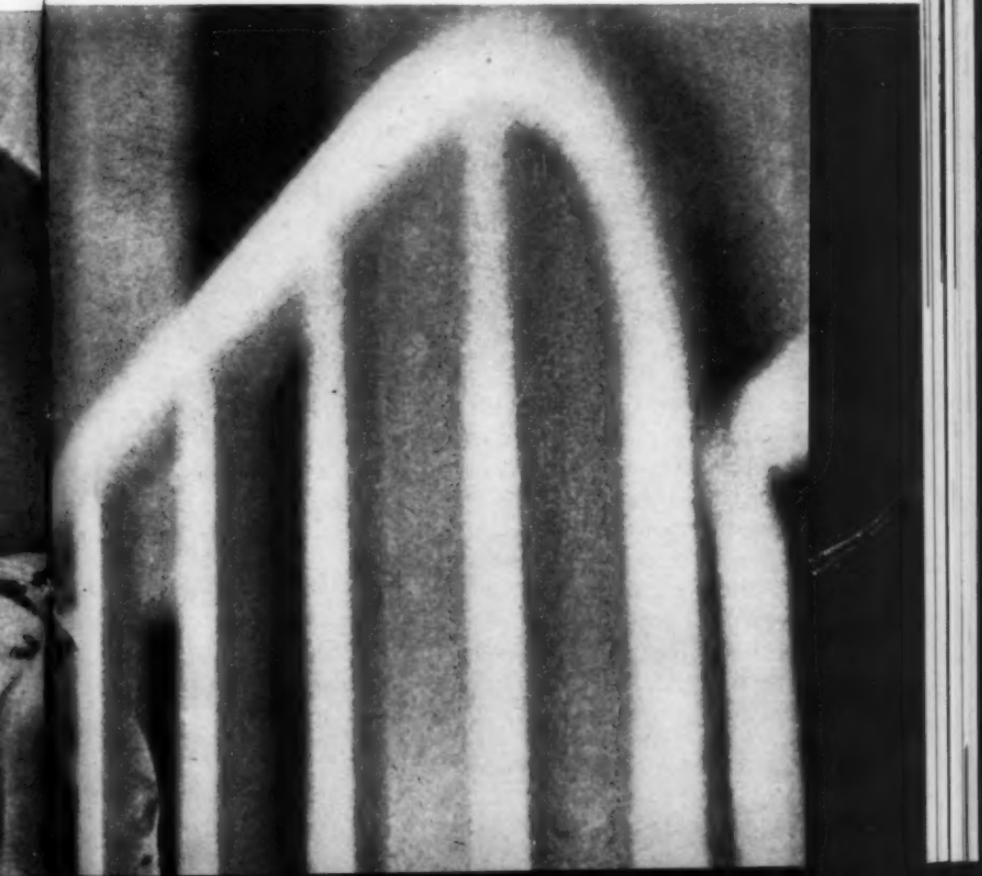
NEW 2½ mg. Suppositories For Young Children

Also available: 5 mg. Suppositories (for older children), Syrup 5 mg./tsp. (5 cc.), Tablets, Spansule[†] capsules, Ampuls and Multiple dose vials (5 mg./cc.).

 **SMITH KLINE & FRENCH LABORATORIES**

*T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

†T.M. Reg. U.S. Pat. Off. for sustained release capsules, S.K.F.



Beware of This Bad Investment Advice!

Without knowing it, you may be speculating recklessly if you follow these wrong-way approaches, says the president of the New York Stock Exchange

Stock market myths die hard. Three of them still make more investors lose more money than G. Keith Funston, president of the New York Stock Exchange, likes to think about. Here are three bits of bum advice he's trying to kill off:

Myth #1: "You've got to buy fast before the price goes up."

The next time some fast-talking operator tells you this over the telephone, "hang up on him," Mr. Funston advises. "There's no rush," he says. "Securities markets are open five days each week, and reputable brokerage offices are always available. If anyone tells you to buy such-and-such a stock right away before the price gets away from you, forget it. At least take the time to check. Get the facts from a reputable broker.

"The chances are, your informant is wrong. And in the unlikely event that he's right, just remember: There are other stocks; there'll be other days."

Myth #2: "Buy because the stock's selling so far below its former price."

Have you heard talk that XYZ Common, now selling at \$32 per share, is sure to move up to at least \$64 because it sold that high in 1946? Then listen to Funston: "That line of reasoning is no sounder than the claim that Miss College Queen of 1939, who surely was a stunner when you were a big man on campus, will be just as glamorous when you see her again next week-end.

"The fact is that some companies grow and prosper; others fall by the wayside. There is nothing certain about the course

Uneventful Recovery

the pattern of
**GLUCOSAMINE-
POTENTIATED
TETRACYCLINE**
therapy

COSA- TETRACYN*

capsules
125 mg., 250 mg.

oral suspension
orange flavored, 2 oz. bottle, 125 mg.
per teaspoonful (5 cc.)

pediatric drops
orange flavored, 10 cc. bottle (with
calibrated dropper), 5 mg. per drop
(100 mg. per cc.)

Pfizer Science for the world's well-being

Pfizer Laboratories
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, N. Y.

*Trademark for glucosamine-potentiated
tetracycline

Rapid and high initial antibiotic blood levels are an important factor
in eventful recoveries. Glucosamine potentiation provides the fastest
and highest tetracycline levels available with oral therapy. Bibliography and
information on request. Available in tablets.

Atonic Colon?

R

Veracolate®

1 tablet t.i.d.

the physiologic,
broad-spectrum
laxative



STANDARD LABORATORIES, INC.
Morris Plains, N.J.

aedephagia

call it what you will,
it calls for

Tepanol
Trademark
(diethyldioxepan "National")

*overeating

See Pages 126, 127

164 MEDICAL ECONOMICS • JUNE 22, 1959

BAD INVESTMENT ADVICE

of stock prices. You owe it to yourself to consider each stock investment on its merits."

Myth #3: "Buy because the stock costs so little."

It's a bad mistake, says Funston, to think that just because the price of a stock is low, it's cheap. Or that because the price is high, it's expensive.

"A stock selling for \$3 a share may show no earnings, pay no dividends, and have poor prospects," he points out. "Another stock, quoted at \$90 a share, may earn well, have an impressive dividend record and a bright future.

"Any good broker can draw up a list of good buys among either low-priced or high-priced issues. But don't be blinded by a price tag. Pick a stock that meets your particular needs and objectives."

END





...and one to grow on



A tiny tablet of REDISOL to stimulate the appetite—to help in the intake of food for growth.

REDISOL is crystalline vitamin B₁₂, an essential vitamin for growth and the fundamental metabolic processes.

Ideal for the growing child, the REDISOL tablet dissolves instantly on contact in the mouth, on food or in liquids.

Packaged in bottles hermetically sealed to keep the moisture out and to retain vitamin potency in 25 and 50 mcg. strengths, bottles of 36 and 100—in 100 mcg. strength, bottles of 36, and in 250 mcg. strength, vials of 12.

Also available as a pleasant-tasting cherry-flavored elixir (5 mcg. per 5-cc. teaspoonful) and as REDISOL injectable, cyanocobalamin injection USP (30 and 100 mcg. per cc., 10-cc. vials and 1000 mcg. per cc. in 1, 5 and 10-cc. vials).

REDISOL®

cyanocobalamin, Crystalline Vitamin B₁₂



MERCK SHARP & DOHME

DIVISION OF MERCK & CO., INC.

PHILADELPHIA 1, PA.

REDISOL IS A TRADEMARK OF MERCK & CO., INC.

Never Admit You're Sick!

If you do, you'll give the gossips a chance to talk small headaches into big brain tumors. And you'll hurt your career, this M.D. maintains

By Charles Price, M.D.

I hear Dr. X has just died. He strove for years to become head of the local hospital, and he finally made it. Now, two weeks later, his sudden death—a complete surprise to almost everyone who knew him.

There's one consolation: His widow will have a pension computed on the basis of his salary as head of the hospital. She wouldn't be entitled to any pension at all if he hadn't got the job.

All this reminded me of a piece of strange advice Dr. X gave me fifteen years ago. At that time, I was a junior staff doctor under him. Driving to a meeting, I mentioned that I'd recently had an attack of simple tachycardia



—a meaningless symptom, I thought, due probably to too much smoking.

Dr. X said to me: "Let me give you a tip. Never, never admit that you have any illness or disability—ever!"

The remark seemed odd. So I asked what he meant.

"Well," he said, "let me tell you confidentially that you're being considered for the position of chief of service. Now suppose that, on hearing of your tachycardia, I figured you must have had a real heart attack. I might wonder if it were a good idea to give you such a demanding job. By the time the story got to the hospital board, they'd suspect

Prompt—Long-lasting—Economical

QUADRINAL

• bronchodilator and expectorant

QUADRINAL

• bronchial asthma

QUADRINAL

• pulmonary emphysema

QUADRINAL

• other chronic respiratory
disease with bronchospasm
and wheezing

FORMULA:

Ephedrine HCl	3/8 grs. (24 mg.)
Phenobarbital	3/8 grs. (24 mg.)
"Phylloin" (theophylline-calcium salicylate)	2 grs. (120 mg.)
Potassium Iodide	5 grs. (0.3 Gm.)



DOSAGE: The usual dose of **QUADRINAL** is 1 tablet
every three or four hours during the day
and, if needed, another tablet upon retiring
for relief during the night.

For children, $\frac{1}{2}$ tablet three times a day.

QUADRINAL is available on prescription only.

QUADRINAL tablets (7-56 grs. each)
bottles of 100, 500, and 1000.

Quadrinal, Phylloin®, E. Bilkuber, Inc.

KNOLL PHARMACEUTICAL COMPANY
(formerly Bilkuber-Knoll Corp.)
Orange, New Jersey



Your difficult rheumatic patient...

on the job again

through effective relief and rehabilitation

Robins

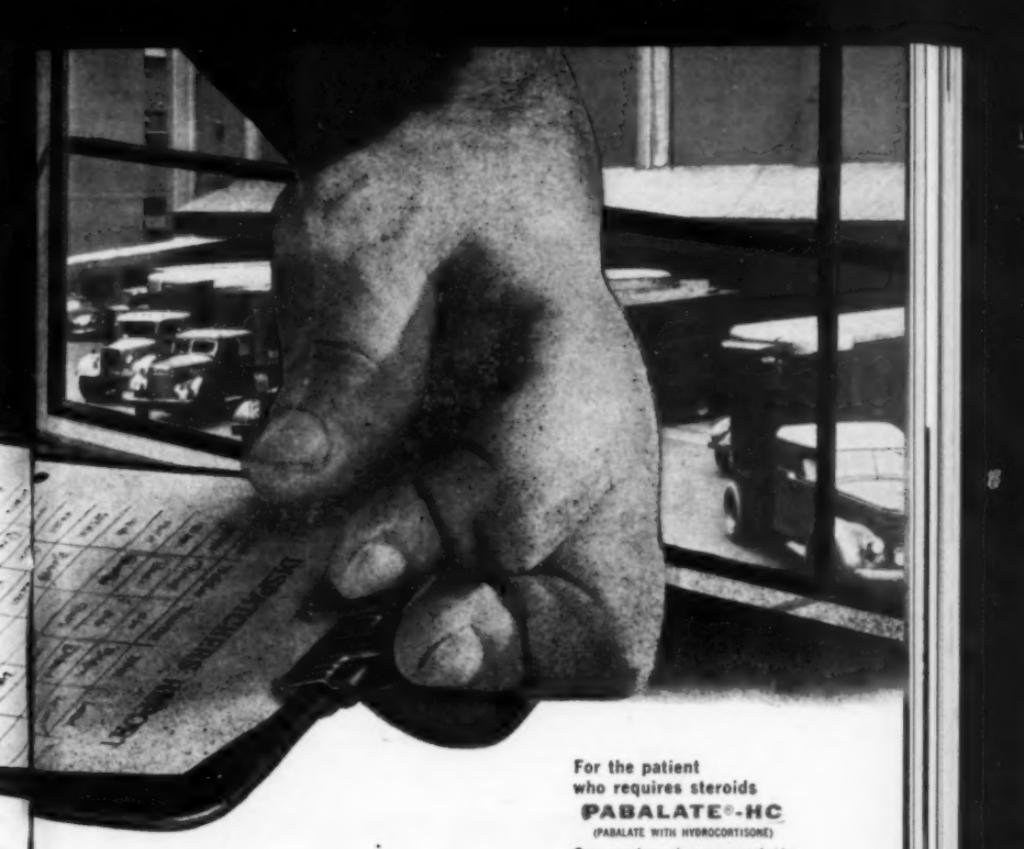
For t

Recip
oid an
effecti

In each
Sodium
Sodium
para-a
Ascorbic

PA

For ste
A. H. R



For the patient who does not require steroids

PABALATE®

Reciprocally acting nonsteroid antirheumatics . . . more effective than salicylate alone.

In each enteric-coated tablet:

Sodium salicylate U.S.P.	...0.3 Gm. (5 gr.)
Sodium para-aminobenzoate	...0.3 Gm. (5 gr.)
Ascorbic acid	50.0 mg.

or for the patient
who should avoid sodium

PABALATE®-Sodium Free

Pabalate, with sodium salts replaced by potassium salts.

In each enteric-coated tablet:
Potassium salicylate 0.3 Gm. (5 gr.)
Potassium para-aminobenzoate 0.3 Gm. (5 gr.)
Ascorbic acid 50.0 mg.

For the patient
who requires steroids

PABALATE®-HC

(PABALATE WITH HYDROCORTISONE)

Comprehensive synergistic combination of steroid and nonsteroid antirheumatics . . . full hormone effects on low hormone dosage . . . satisfactory remission of rheumatic symptoms in 85% of patients tested.

In each enteric-coated tablet:

Hydrocortisone (alphaD) 2.5 mg.
Potassium salicylate 0.3 Gm.
Potassium para-aminobenzoate 0.3 Gm.
Ascorbic acid 50.0 mg.

PABALATE® PABALATE-HC

For steroid or non-steroid therapy: **SAFE DEPENDABLE ECONOMICAL**

A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA • Ethical Pharmaceuticals of Merit since 1878

NEVER ADMIT YOU'RE SICK!

that you'd had a coronary. Then, if you took a ten-day vacation to hunt in the Ozarks, the gossips would say: 'Hm-m. He must have gone to the Mayo Clinic!'

I passed his advice off at first as one of those homilies that seniors are forever wishing on juniors. But before the year was up, I'd begun to wonder. Several things had happened that made me think of what he'd said. For example:

A local physician was invited to give a series of lectures to members of the police and fire departments. He was too lazy to

write them up, too polite to say no, and too shy to say he was busy. So he told them he hadn't been feeling well and thought he should stay home evenings.

The story spread, growing with each repetition. By the time I heard it, people were saying: "Poor Dr. Smith. I hear he isn't well enough to make calls . . ."

Then there was Dr. Brown. Dr. Brown had sciatica. At least, if I'd had it, it would have been sciatica. But nothing would do for him but to call it by the nice, fancy name of Guillain-Barré syndrome.

More ▶

↓
IMPOTENCE
↑
GLUKOR®

The original synergistically fortified chorionic gonadotropin. Dose 1 cc IM — Supplied 10 & 25 cc vials.
1. Gould, W. L.: *Impotence*, *M. Times* 84:302 Mar. '58.
2. Personal Communications from 110 Physicians.
3. Mikhian, A. W., *Tri-State Med. Jour.*, Apr. '58.
Reg. U. Pat. Off. Pat. Pend. © 1958

GLUKOR effective in 85% of cases.
Glukor may be used regardless of age and/or pathology . . . without side effects . . . effective in men in IMPOTENCE, premature fatigue and aging.² **GLUTEST** for women in frigidity and fatigue.³ Lit. available.

Research
R Supplies
Pine Station, Albany, N. Y.



two prenatal supplements
especially for multiparas

**The incidence of
anemia
is greater in
multiparas¹**

primigravidas
24%
anemic

multiparas
36.8%
anemic

To meet her greater needs for diet supplementation

Natalins® Comprehensive **Natalins® Basic**
Vitamins and minerals, Mead Johnson

both extra generous in iron, ascorbic acid and calcium

In a study¹ of over a thousand obstetrical patients, anemia was found to occur with 50% greater frequency in multiparas than in primigravidas. And it was found that anemia often indicates other nutritional deficiencies as well . . . Natalins Comprehensive tablets supply 12 vitamins and minerals and Natalins Basic tablets sup-

ply 4 vitamins and minerals . . . both are formulated to meet the special needs of multiparas by supplying generous amounts of elemental iron (40 mg. per tablet), ascorbic acid (100 mg. per tablet) and calcium (250 mg. per tablet).

Convenient, one-a-day tablet dosage.



Mead Johnson
Symbol of service in medicine

NEVER ADMIT YOU'RE SICK!

Trouble is, some neurologists think Guillain-Barré is a form of myelitis. As a result, we soon heard that the doctor had encephalitis. Before long this became an "ascending paralysis." The victim would have been better off limping around in grim silence.

Following the Smith and Brown incidents, I ran into Dr. X and recalled his earlier warning.

"Now you see what I meant," he said. "The thing to do is grin and bear it. If someone notices you limping, say you slipped on the ice and bruised your back-side. Minimize it, son! If you don't, they'll maximize it. And for a doctor, that's bad."

* * *

True to form, Dr. X took his own advice. He knew last sum-

mer he had carcinoma of the lung. I was the one who read the X-rays, and I told him. I felt I must. He had preparations to make.

And he did prepare. Somehow he kept down the coughing, passed off the loss of weight, explained away the hoarseness, and kept up such a good front that the hospital board made him director when *he* knew he was about to die. To the board, he was a man who'd never had a day's sickness.

It seemed to me he proved the good sense of his own advice. I know other doctors who follow the same policy. They never talk about their ill health, even as a joke. And I believe they've got the right idea. Don't you? END

The better sex

I recently met a woman doctor on vacation from her OB/Gyn. practice in Alaska. She told me that soon after her arrival there, a group of expectant mothers gave her a little party. In the course of it, the hostess confided to her: "We're all so glad you're a woman doctor."

The doctor agreed modestly that maybe in some ways it was better for a woman to be handling OB/Gyn. work.

"Absolutely," said the hostess. "We know you'll stay around during the moose season." —LOUIS L. BINDER

If your patient has high blood pressure plus one or more of these complications: anxiety congestive failure tachycardia edema/overweight control all the symptoms with just one prescription

new **Esidrix®**
Serpasil®
(hydrochlorothiazide
and reserpine CIBA)
Combination Tablets

new Esidrix-Serpasil:



High blood pressure plus tachycardia

Therapy: Esidrix-Serpasil. **Rationale:** Heart-slowing effect of Serpasil to prolong diastole, allow more time for recovery of myocardium, increase coronary blood flow, improve cardiac efficiency. Potentiated antihypertensive effect for greater blood pressure control.



High blood pressure plus congestive failure

Therapy: Esidrix-Serpasil. **Rationale:** Potent diuretic action of Esidrix to relieve edematous condition, improve cardiac status. Combined antihypertensive action of Esidrix and Serpasil for lowest blood pressure levels. Convenience of combination tablet medication for greater patient acceptance.

High blood pressure plus

Therapy: Diuretic
cess body
Potentia
drix and
ience of 1

one prescription that controls high blood pressure plus its complications



B.P.: 220/140 mm. Hg
Edema
Weight: 210 pounds



B.P.: 170/112 mm. Hg
Nervous
Sweating palms

High blood pressure plus edema/overweight

Therapy: Esidrix-Serpasil. **Rationale:** Diuretic effect of Esidrix to eliminate excess body fluids, bring patient to dry weight. Potentiated antihypertensive effects of Esidrix and Serpasil in combination. Convenience of 1-prescription therapy.

High blood pressure plus anxiety

Therapy: Esidrix-Serpasil. **Rationale:** Central action of Serpasil to calm the patient, shield him from environmental stress. Combined antihypertensive action of Esidrix and Serpasil for lowest blood pressure levels. Simplified dosage schedule.

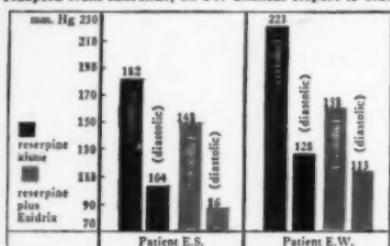
one prescription that controls high blood pressure plus its complications Esidrix-Serpasil Combination Tablets

A new antihypertensive combination— Esidrix-Serpasil is a combination of **ESIDRIX™** (hydrochlorothiazide CIBA), an improved analog of chlorothiazide developed by CIBA research, and **SERPASIL®** (reserpine CIBA). Each tablet combines the potent diuretic and mild antihypertensive effects of Esidrix with the antihypertensive, heart-slaking and calming effects of Serpasil.

Indications— Esidrix-Serpasil is indicated in all grades of hypertension, particularly when one or more of the following complications exist: anxiety, tachycardia, congestive failure, pitting edema, edema of obesity, other edematous conditions.

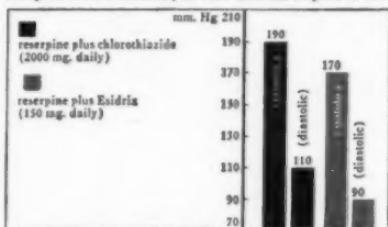
More effective than either drug alone— Investigators who have used the combination of hydrochlorothiazide and reserpine report that it is more satisfactory than either drug alone.

Adapted from Maronde, R. F.: Clinical Report to CIBA



More effective than chlorothiazide-reserpine combinations— Many patients resistant to chlorothiazide-reserpine therapy have shown significant clinical response when Esidrix-Serpasil was started. The blood pressure of patient shown below was only slightly reduced on chlorothiazide and reserpine. When Esidrix was substituted for chlorothiazide, lower blood pressure levels were achieved.

Adapted from Hurxthal, L. M.: Clinical Report to CIBA



Dosage— Esidrix-Serpasil is administered orally in a dosage range of 1 to 4 tablets daily. Dosage should be individualized and adjusted to meet changing needs. For maintenance, as little as 1 tablet daily may be sufficient.

In cases of more severe hypertension, dosage of Esidrix-Serpasil can be revised upward to 4 tablets daily. When necessary, more potent antihypertensive agents may be added. When Esidrix-Serpasil is started in patients already receiving ganglionic blockers, dosage of the latter should be immediately reduced by at least 50 per cent.

Side effects and cautions— As when any diuretic agent is used, patients should be carefully observed for signs of fluid and electrolyte imbalance. Esidrix in therapeutic doses is generally well tolerated. Side effects, even from large doses, have been few.

Supplied— Esidrix-Serpasil Tablets, 25 mg./0.1 mg., each containing 25 mg. of Esidrix and 0.1 mg. of Serpasil; bottles of 100.

new **Esidrix-Serpasil®**
(hydrochlorothiazide and reserpine CIBA)
Combination Tablets

CIBA
SUMMIT, N.J.

'State Medicine Can't Be Stopped!'

Continued from 89

can refer you to a given man at your city's hospital; but that doesn't insure that your gallbladder won't be lifted by someone else. In American parlance, all patients in N.H.S. hospitals are service patients.

If you want to name your surgeon and be guaranteed against substitution, you negotiate with him privately and pay his fee. And you don't occupy a free N.H.S. bed if you do that. You either book a pay-bed in a service hospital (yes, they all have at least a few pay-beds), or you go to a private institution.

Do you believe that the British Government tells doctors how to practice medicine? It doesn't, according to the medical men themselves.

A dour Edinburgh doctor told me: "If the dommed Government told *me* what to do and what not to do for my patients, I'd emigr-rate the mor-rn! But I've no plans to leave."

In Cornwall, a country doctor

echoed: "Does the N.H.S. tell me how to treat my patients? Why, the only contact I have with it is the postman when he brings my quarterly check."

"We do have ways of disciplining doctors who are *not* practicing medicine," explained a Manchester physician who serves on his local executive council. "I call it not practicing medicine when a doctor persistently overprescribes. Or when he orders heavily advertised foods and wines under the guise of prescribing medicine. Or when a substantial number of respectable people report that he won't answer calls, or curses them, or is regularly drunk during office hours. Aren't such things disciplined in the United States? If they're not, I'm glad I don't practice there."

I couldn't find a single British physician who'd say that there's Government interference in either clinical matters or doctor-patient relations. A typical attitude seems to be that of a London family doctor who practiced for fifteen years before the N.H.S. began. Said he:

"In one important way, I have more clinical freedom than I had in the old days. I'm free from the

'STATE MEDICINE CAN'T BE STOPPED!'

job of reconciling the patient's need with the patient's ability to pay."

As an Oxford man summed it up: "If my relationship with the people who pick me to give them medical care were anything but what I want it to be, I'd give up practice. What do Americans think we British doctors are? Hypocrites? And can't you see why we doctors have the final voice in this matter? A politician can't so much as cure a pimple, and he knows it."

Do you believe that all British doctors are overworked to the

point of exhaustion? It's by no means that bad.

What's the real score on medical overwork? Look at it through the eyes of Ann Mitchener, a 17-year-old Oxford high-school student.

"I hate going to the doctor. He's too busy," she told me. "I have to wait too long to see him. If I go after school, his waiting room is crammed with people. If I go at night, I have to get there an hour early."

On inquiry, I found that Ann's doctor has office hours from 3 to 5 and 8 to 9 P.M. Here's a break-



GO
PREPARED



Americaine

Topical Anesthetic Ointment and Aerosol

Bring prompt, sustained relief from surface pain
and itching of

**SUNBURN INSECT BITES POISON IVY
ECZEMA ABRASIONS**

Americaine, the only topical anesthetic containing
20% dissolved benzocaine, relieves discomfort, stops
the scratch reflex, and facilitates healing.

- **EFFECTIVE** "... best topical anesthetic."¹
- **SAFE** Not a single case of sensitivity reported
in over 11,000 published cases.²

1, 2 - Information on request

DOCTOR, FOR YOUR VACATION—
Send for complimentary vacation package



For sunburning sites available in 3 oz.
tubes and 3 oz. aerosol dispensers.

ARNAR-STONE LABORATORIES, INC., MOUNT PROSPECT, ILLINOIS



in arthritis, BUFFERIN® because ...

... in the majority of your arthritic cases BUFFERIN alone can safely and effectively provide adequate therapeutic control without resorting to the more dangerous cortisone-like drugs.

... BUFFERIN is better tolerated by the stomach than aspirin, especially among arthritics where a high dosage, long term salicylate regimen is indicated.

... BUFFERIN provides more rapid and more uniform absorption of salicylate than enteric-coated aspirin.

... even in the relatively few cases where steroids are necessary, use of BUFFERIN will allow proper flexibility for individual dosages.

... BUFFERIN is more economical for the arthritic who requires a long period of medication.

... BUFFERIN contains no sodium, thus massive doses can be safely given without fear of sodium accumulation or edema.

Each sodium-free BUFFERIN tablet contains acetylsalicylic acid 5 grains, and the antacids magnesium carbonate and aluminum glycinate.



Bristol-Myers Company, 19 West 50 Street, New York 20, New York

down of his customary working day:

7:00 A.M. Rise, breakfast
 8:00 House calls
 12:45 P.M. Lunch
 1:30 House calls
 3:00 Office hours
 5:00 Courtesy calls on hospitalized patients
 7:00 Dinner
 8:00 Office hours
 9:00 Updating records, signing certificates, etc.
 10:00 Finish for the day, except for emergency night calls

Is that a typical schedule for British G.P.s? Not necessarily. Most of them do feel they work awfully hard. (Don't most American G.P.s?) Every doctor I talked to admitted he'd like to spend more time with each patient.

But only two men really complained of overwork (one used the word "punishing"). And both have big lists approaching the maximum.

One accepted measure of a British G.P.'s workload is his "patient consultation rate": the *average* number of calls (home and office) per listed patient per year. When the N.H.S. had been running four years, a committee of doctors and laymen estimated that the consultation rate for the

IN OB/GYN

Imferon[®]

INTRAMUSCULAR IRON-DEXTRAN COMPLEX

CORRECTS AND PREVENTS IRON DEFICIENCY IN BLOOD AND MARROW

"...the response in the first two weeks was of a magnitude which obviates the need for elective blood transfusion. In gynecological patients, once an adequate hemoglobin was achieved, it was maintained for months, even when excessive blood loss persisted."¹

"Hematologic studies suggested both acute and chronic blood loss [late, spontaneous, complete abortion with extensive hemorrhage, previous episodes of menorrhagia]. Four doses of iron-dextran were given in a daily intramuscular dose of 500 mg."² following administration of just enough blood to combat shock. "The hemoglobin level promptly returned to normal."²

"In all four groups [early pregnancy, late pregnancy, puerperium, gynecological disorders], iron utilization was extremely good."¹

(1) Evans, L. A. J., In Wallerstein, R. O., and Mettier, S. R.: *Iron in Clinical Medicine*, Berkley, University of California Press, 1958, p. 164. (2) Pritchard, J. A., and Hunt, C. F., Jr.: *Ibid.*, p. 180.

Supplied: 2-cc. and 5-cc. ampuls; 10-cc. multiple-dose vials. There are 50 mg. of elemental iron per cc.

 LAKESIDE
47500

Why Claysorb means more

The response to an antidiarrheal preparation is directly linked to the effectiveness of its adsorbent. In both POLY MAGMA and POLY MAGMA Plain, the new agent Claysorb* gives you a previously unattainable adsorptive power . . . proved to be five times beyond that of kaolin in removing diarrhea-causing toxins. In addition, POLY MAGMA and POLY MAGMA Plain protect the irritated intestinal walls, promote well-formed stools, help restore healthy intestinal function.

POLY MAGMA

For bacterial diarrhea—
bactericidal against many
pathogens

POLY MAGMA Plain

For nonbacterial diarrhea—
same formula but without
antibiotics

Polymagma®

Dihydrostreptomycin Sulfate, Polymyxin B Sulfate,
and Pectin with Claysorb® (Activated Attapulgite,
Wyeth) in Alumina Gel *Trademark

Wyeth
Philadelphia 1, Pa.



entire N.H.S. was 4.80. Now here's something interesting:

Twenty years earlier, a leading British biostatistician computed a rate for 5,418 G.P.s practicing under the old insurance plan. And *that* figure came to 5.10. So there seems little reason to believe that today's family doctor is any more overworked than yesterday's.

My conclusion? Some British doctors are overworked, and some aren't. As in America, the overworked ones are probably the most popular ones. They also make the most money.

Do you believe that British doctors are snowed under with paper work? They don't appear to worry about it.

In the United States, we picture the harried N.H.S. physician as a clerk, a signer of papers, a man maddened by a whirling storm of forms. We've heard all about the forms for sick pay, free milk, time off, wigs, corsets, trusses, spectacles, teeth, wheelchairs, crutches, and whatnot.

Well, it simply isn't that bad. In some ways, the paper work is less maddening than it used to be in the old days, according to a Leeds surgeon whom I asked about it.

"One thing that's always conveniently forgotten," he explain-

IN INFANTS AND CHILDREN

Imferon®

INTRAMUSCULAR IRON-DEXTRAN COMPLEX

CORRECTS AND PREVENTS IRON DEFICIENCY IN BLOOD AND MARROW

"On the day of completion of the injections the hemoglobin had already risen to 9.8 gm. [initially 4.8 gm.] and the reticulocyte count was 15.2 per cent....Initially he was lethargic and now he was, to quote his mother, 'a ball of fire.'¹¹

"Following therapy there were prompt hemoglobin rises in all cases."¹² "Hemosiderin was uniformly absent [from the marrow] before therapy, but began to appear at 12 hours and reached maximum amounts in three or four days."¹³

Intramuscular iron "...being immediately available, allows hemoglobin synthesis by the bone marrow to continue until the physiological optimum is reached."¹⁴

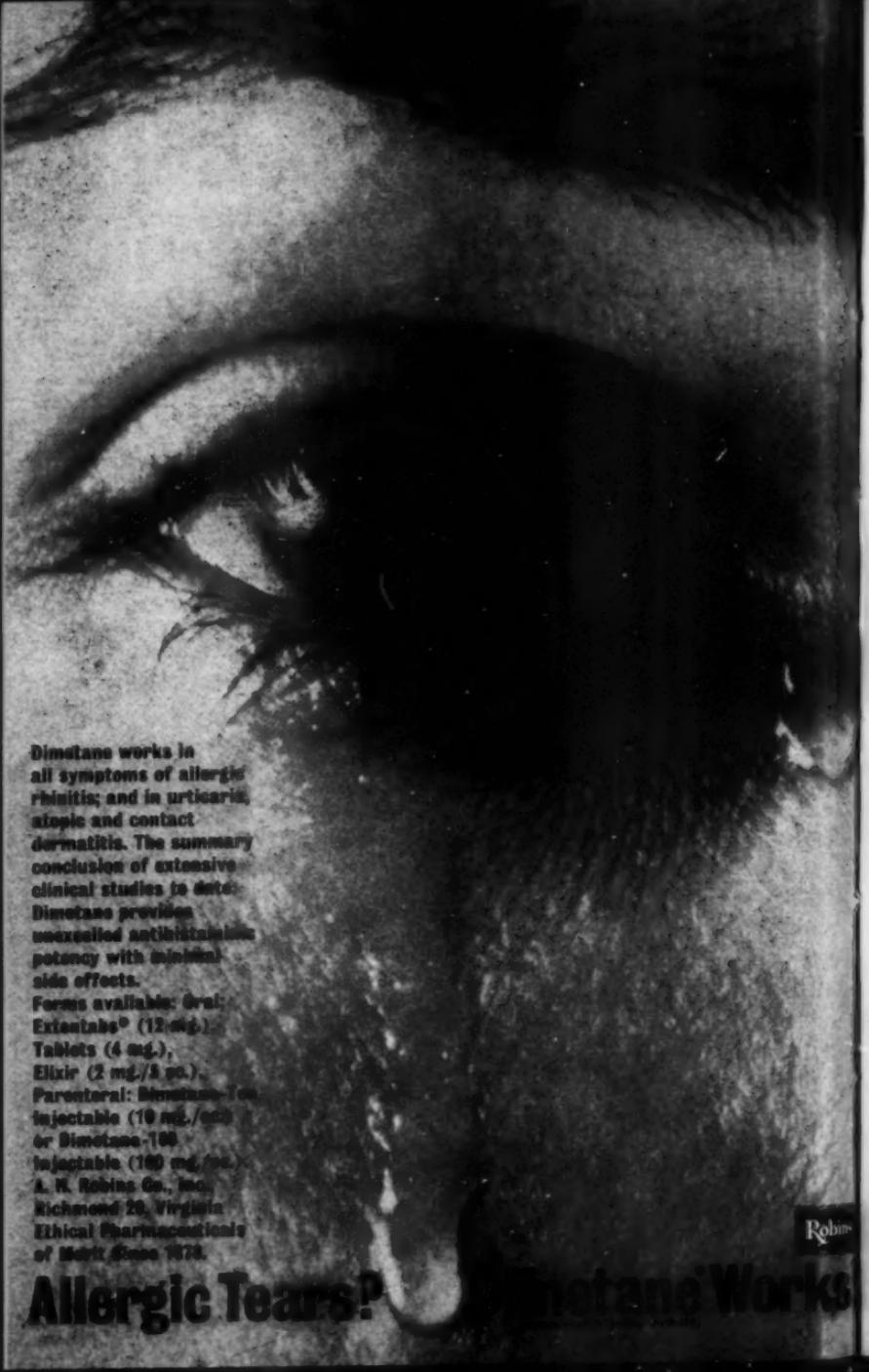
"The therapeutic effectiveness of...[IMFERON] in correction of iron deficiencies is now well established."¹⁵

(1) Hagedorn, A. B. Proc. Staff Meet. Mayo Clin. 32:705 (Dec. 11) 1957. (2) Wallerstein, R. O. and Hoag, M. S., in Wallerstein, R. O., and Mettier, S. R. Iron in Clinical Medicine, Berkeley, University of California Press, 1958, p. 222. (3) Held, p. 223. (4) Sturgeon, P., *loc. cit.*, p. 199. (5) Smith, N. J.: *J. Pediat.* 53:37, 1958.

Supplied: 2-cc. and 5-cc. ampuls; 10-cc. multiple-dose vials. There are 50 mg. of elemental iron per cc.

67459





Dimetane works in
all symptoms of allergic
rhinitis; and in urticaria,
atopic and contact
dermatitis. The summary
conclusion of extensive
clinical studies to date:
Dimetane provides
unexcelled antihistaminic
potency with minimal
side effects.

Forms available: Oral:
Extantabs® (12 mg.),

Tablets (4 mg.),

Elixir (2 mg./1 oz.).

Parenteral: Dimetane-100
injectable (10 mg./ml.)

or Dimetane-1000

injectable (100 mg./ml.).

A. H. Robins Co., Inc.

Richmond 29, Virginia

Ethical Pharmaceuticals
of Merit Since 1872.

Robins

Allergic Tears?

Dimetane Works

ed,
ly 2
fun
Am
wo
cial
don

The
wo
tier
all
to
cial
the
req
Ser

Si
dis
ass
Brit
wo
cou

for
sava
han
to
mon

thi
cian
a P
vari
insu
"The

ed, "is that we used to have nearly 200 contributory schemes that functioned like the Blue plans in America. We had a lot of paper work for them and for commercial insurance companies that we don't have now."

The family doctor's paper work arises mostly out of patients' requests for certificates of all kinds. To anyone who's used to American clinical and financial records in private practice, the medical and business records required by the National Health Service seem skimpy to the point of meagerness.

So here again the facts seem to disprove a widespread American assumption. All my old and new British friends agreed that paper work is a nuisance; but only a couple of the doctors complained that it's a real burden.

"We should make allowance for some of the work we've been saved," observed one Birmingham G.P. "Personally, I'm glad to be free of the end-of-the-month billing thralldom."

Finally, here's something to think about: A London physician said he'd been staggered by a publication setting forth the variety of forms required by U.S. insurance carriers. His comment: "Thank God for our standardized forms!"

More ▶

IN OLDER PATIENTS

Imferon
INTRAMUSCULAR IRON-DEXTRAN COMPLEX

**CORRECTS AND PREVENTS
IRON DEFICIENCY IN BLOOD
AND MARROW**

"...the aged, with no teeth or with ill-fitting dentures, and frequently with no desire to eat, may fail to keep pace with iron losses from chronic slight bleeding or rarely, even with normal iron excretion."¹

"Once iron stores are depleted, they are rebuilt very slowly from dietary iron alone, and the individual remains vulnerable to iron-deficiency anemia in the event of future blood loss."²

Repletion of iron stores "...takes many months to accomplish by the oral route, and is thus considered impractical. With parenteral iron the dose may be calculated to replenish exhausted iron stores...."³

IMFERON is "...the most satisfactory parenteral iron preparation and may be given safely intramuscularly in a dosage from 100 to 500 mg."⁴

(1) Brown, E. A., Jr.: GP 17:87 (Feb.) 1958.
(2) Stevens, A. R., Jr.: Geriatrics 12:89, 1957. (3) Pirillo-Birolli, G., and Finch, C. A.: J. Chron. Dis. 6:302, 1958.

Supplied: 2-cc. and 5-cc. ampuls; 10-cc. multiple-dose vials. There are 50 mg. of elemental iron per cc.

 **LAKESIDE**

'STATE MEDICINE CAN'T BE STOPPED!'

In the above paragraphs, I've discussed five topics at some length. They're the ones I've been asked about most often since my return. But my inquiries weren't restricted to those five. I talked with doctors in England, Scotland, and Wales, with city doctors and country doctors, with men I'd known years ago and men I met for the first time. We talked about everything, including pay, pensions, and philosophy.

In a Nutshell

This article won't hold all I learned. But here's a breakdown of my total impression:

1. The National Health Service is in Britain to stay. My son-in-law, who earns \$56 a week, convinced me of this all by himself.

2. The doctors themselves have made it work. Once the profession realized that the N.H.S. had become the law of the land, they settled down to make the best professional job possible out of it—even though most of them considered it the worst political job ever perpetrated.

3. Britain's medical needs are better met today than ever be-

fore. I found no medical man who thought otherwise.

4. Yet the doctors would repeal the law if they could. All the men I talked with said they'd rather not be under the N.H.S.—if only there were some way to enjoy the virtues of private-enterprise medicine without having to accept its vices.

5. Some patients abuse the service. Every doctor has stories of patients who have tried to cheat, who have asked doctors to perjure themselves, and who have made ridiculous demands. Significantly, though, all my informants added something like this: "I don't suffer as much as some others I hear of. All in all, I have a good list."

6. The N.H.S. hasn't discouraged young men from going into medicine. If you doubt it, write to any British medical school and ask how many candidates they had to reject last year—or any year since 1948.

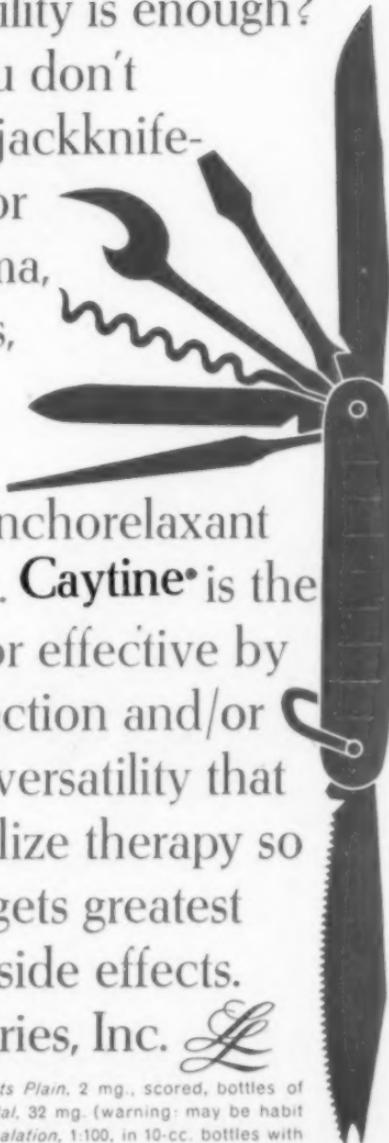
Why This Report?

Are you wondering why I've written about state medicine without blasting it good and hard? Are you wondering whose side I'm on, anyway?

The answer to your second

CAYTIN
50. CA
formin
dropp
ampul
phane

How much versatility is enough?
That depends. You don't
ordinarily need a jackknife-
of-all-trades. But for
asthma, emphysema,
chronic bronchitis,
bronchiectasis,
you do need the
most versatile bronchorelaxant
you can prescribe. **Caytine**• is the
first bronchodilator effective by
mouth and/or injection and/or
inhalation. Here's versatility that
lets you individualize therapy so
that each patient gets greatest
relief with fewest side effects.
Lakeside Laboratories, Inc. 



CAYTINE—3 effective forms: CAYTINE Tablets Plain, 2 mg., scored, bottles of 50. CAYTINE Tablets 2 mg., with Pentobarbital, 32 mg. (warning: may be habit forming), scored, bottles of 50. CAYTINE Inhalation, 1:100, in 10-cc. bottles with dropper. CAYTINE Injection (intramuscular, subcutaneous), 0.5 mg./cc., in 1-cc. ampuls, boxes of 4. CAYTINE is the only brand of the α [(α -methyl-3,4-methylenedioxy-phenethylamino)-methyl]-protocatechual alcohol hydrochloride.

'STATE MEDICINE CAN'T BE STOPPED!'

question is easy. I'm on the side of private-enterprise medicine. I'm against compulsory national health insurance, which, frankly, would put me out of business.

As for the first question above—well, I've reported my findings as objectively as I could in order to hammer home the following truths:

If ever John Q. Citizen gets an American version of Britain's National Health Service, he's going to like it. And you're going to make it work. As a law-abiding U. S. physician, you'll have no practical alternative.

So if you don't want state medicine, don't kid yourself that you can hold it at bay simply by

saying that it's un-American. You have to do more than that.

You have to find an answer to such statements as the one recently made by the editor of Printers' Ink following a study of editors' opinions of the medical profession: *The editors feel that American medicine today is "dangerously impersonal . . . that doctors are fear-ridden . . . that they may have to adjust to a reality that is different from their image of themselves . . . that if they don't take the lead in changing medical services for the good of everyone, somebody else will."*

Your answer to any proposed American National Health Serv-

HOW TO STOP A SUIT

Want to stop a malpractice suit before it starts? You can, the Westchester County (N.Y.) Medical Society suggests, if you follow the preventive Rx it wrote a couple of years ago. The Rx contains just sixty-one words, eighteen of them epithets. Here it is verbatim:

"You may think your patient or your colleague is an ape, an ass, a blockhead, a booby, a bumpkin, a chump, a crank, a dolt, a donkey, a dummy, a dunce, a fool, an idiot, an ignoramus, an imbecile, a moron, a nincompoop, a saphead, or something worse. But don't say it; just give good medical care and keep good records!"

END

In the Treatment of Rheumatic Disorders Greater stability of maintenance dosage minimizes risks of hormonal imbalance

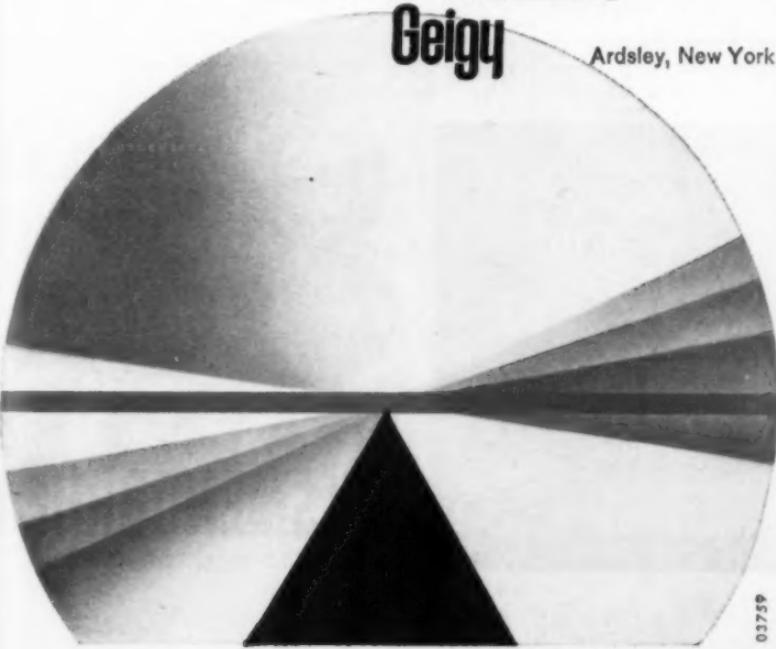
In Sterazolidin, the anti-inflammatory actions of prednisone and Butazolidin* are combined to permit lower effective dosage of each. Clinical experience has indicated that patients can be well maintained on this combination over prolonged periods with relatively low, stable dosage levels of each component, thus minimizing the problems arising from excessively high doses of corticosteroids. Other side effects have also been gratifyingly few. Antacid and spasmolytic components are contained in Sterazolidin capsules for the benefit of patients with gastric sensitivity.

Sterazolidin®: Each capsule contains prednisone 1.25 mg.; phenylbutazone 50 mg.; dried aluminum hydroxide gel 100 mg.; magnesium trisilicate 150 mg.; homatropine methylbromide 1.25 mg.

Detailed information available on request.

*Geigy's trademark for phenylbutazone—Reg. U. S. Pat. Off.

new **Sterazolidin®**
prednisone-phenylbutazone, Geigy
Geigy Capsules
Ardsley, New York



Most of us want
our blessings un-
mixed—onions without aftertaste,
roses without thorns. That's why
your patients with
generalized G.I.
symptoms will
like **Tridal**. This
tablet brings fast
relief to the gut—
the whole gut—and does not disturb
bladder, mouth or eyes.

Lakeside Laboratories, Inc. 

Each TRIDAL tablet contains 50 mg. of the visceral eutonic, DACTIL® (the *only* brand of piperidolate hydrochloride) and 5 mg. of the anticholinergic, PIPTAL® (the *only* brand of pipenzolate methylbromide). In bottles of 50 and 250 compressed, white tablets.

40459



W
y
Pu
w
A
sig
to
tal
av
ur
La
CANTIE
of 100
barbital
EANTIL



WFLN, KFAC, WQXR,

WTMJ...a twist of the dial and you match your mood with Puccini, Porter, or Presley. Just what you want—nothing more. And when you pick up distress signals that spell COLON, turn to **Cantil**. This effective, selective tablet brings just colon relief—avoids dry mouth, blurred vision, urinary retention.

Lakeside Laboratories, Inc.

CANTIL—*two forms* CANTIL (plain)—25 mg. of CANTIL in each scored tablet—bottles of 100 and 250. CANTIL with Phenobarbital—25 mg. of CANTIL and 16 mg. of phenobarbital (warning: may be habit forming) in each scored tablet—bottles of 100 and 250. CANTIL is the *only* brand of N-methyl-3-piperidyl-diphenylglycolate methobromide.

48359

'STATE MEDICINE CAN'T BE STOPPED!'

question is easy. I'm on the side of private-enterprise medicine. I'm against compulsory national health insurance, which, frankly, would put me out of business.

As for the first question above—well, I've reported my findings as objectively as I could in order to hammer home the following truths:

If ever John Q. Citizen gets an American version of Britain's National Health Service, he's going to like it. And you're going to make it work. As a law-abiding U. S. physician, you'll have no practical alternative.

So if you don't want state medicine, don't kid yourself that you can hold it at bay simply by

saying that it's un-American. You have to do more than that.

You have to find an answer to such statements as the one recently made by the editor of Printers' Ink following a study of editors' opinions of the medical profession: *The editors feel that American medicine today is "dangerously impersonal . . . that doctors are fear-ridden . . . that they may have to adjust to a reality that is different from their image of themselves . . . that if they don't take the lead in changing medical services for the good of everyone, somebody else will."*

Your answer to any proposed American National Health Serv-

HOW TO STOP A SUIT

Want to stop a malpractice suit before it starts? You can, the Westchester County (N.Y.) Medical Society suggests, if you follow the preventive Rx it wrote a couple of years ago. The Rx contains just sixty-one words, eighteen of them epithets. Here it is verbatim:

"You may think your patient or your colleague is an ape, an ass, a blockhead, a booby, a bumpkin, a chump, a crank, a dolt, a donkey, a dummy, a dunce, a fool, an idiot, an ignoramus, an imbecile, a moron, a nincompoop, a saphead, or something worse. But don't say it; just give good medical care and keep good records!"

END

In the Treatment of Rheumatic Disorders Greater stability of maintenance dosage minimizes risks of hormonal imbalance

In Sterazolidin, the anti-inflammatory actions of prednisone and Butazolidin* are combined to permit lower effective dosage of each. Clinical experience has indicated that patients can be well maintained on this combination over prolonged periods with relatively low, stable dosage levels of each component, thus minimizing the problems arising from excessively high doses of corticosteroids. Other side effects have also been gratifyingly few. Antacid and spasmolytic components are contained in Sterazolidin capsules for the benefit of patients with gastric sensitivity.

Sterazolidin®: Each capsule contains prednisone 1.25 mg.; phenylbutazone 50 mg.; dried aluminum hydroxide gel 100 mg.; magnesium trisilicate 150 mg.; homatropine methylbromide 1.25 mg.

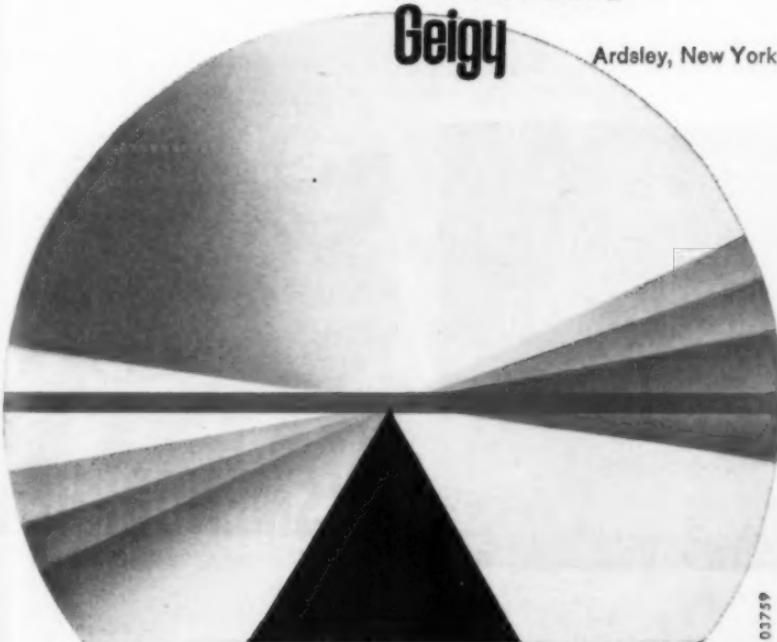
Detailed information available on request.

*Geigy's trademark for phenylbutazone—Reg. U. S. Pat. Off.

new **Sterazolidin®**
prednisone-phenylbutazone, Geigy
Capsules

Geigy

Ardsley, New York



effective in

93%

of 1570 patients with
LOW BACK PAIN

(LUMBAGO, SACROILIAC DISORDERS)

Clinical studies
of over 4400
patients by 105
physicians
proved Trancopal
remarkably effective
in musculoskeletal
conditions,
anxiety and
tension states

effective in

88%

of 443 patients with
DYSMENORRHEA
AND PREMENSTRUAL TENSION

thoroughly evaluated clinically . . .

Clinical studies of 4483 patients by 105 physicians¹ have demonstrated that Trancopal often is effective when other drugs have failed. From these studies it is evident that Trancopal can provide more help for a greater number of tense, spastic, and/or emotionally upset patients than can any other chemotherapeutic agent in current use.

better tolerated and safer than older drugs² . . .

With Trancopal there is no clouding of consciousness, no euphoria or depression. Even in high dosage, there is no perceptible soporific effect. Because it does not irritate gastric mucosa, it can be taken without regard to mealtime. Administration does not hamper work — or play. Blood pressure, pulse rate, respiration and digestive processes are unaffected by therapeutic dosage. Toxicity is extremely low. And Trancopal has a lower incidence of side effects than has zoxazolamine, methocarbamol or meprobamate.

Dosage: 1 or 2 Caplets[®] of 100 mg. orally three or four times daily. Relief of symptoms occurs in from fifteen to thirty minutes and lasts from four to six hours.

INDICATIONS

<i>Musculoskeletal</i>	<i>Psychogenic</i>
Low back pain (lumbago)	Disc syndrome
Neck pain (torticollis)	Fibrositis
Bursitis	Ankle sprain, tennis elbow
Rheumatoid arthritis	Myositis
Osteoarthritis	Postoperative muscle spasm
	Anxiety and tension states
	Dysmenorrhea
	Premenstrual tension
	Asthma
	Angina pectoris
	Alcoholism

Supplied: Trancopal Caplets (scored) 100 mg., bottles of 100.

References: 1. Collective Study, Department of Medical Research, Winthrop Laboratories. 2. Lichtman, A. I.: Kentucky Acad. Gen. Pract. J. 4:28, Oct., 1958.

*the first true tranquilaxant**

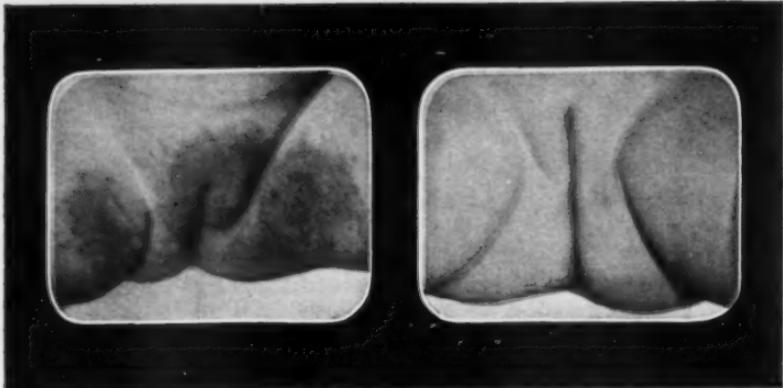
Trancopal[®]

Potent MUSCLE RELAXANT

... Equally effective as a TRANQUILIZER

Winthrop LABORATORIES
New York 18, N. Y.

*tran-qui-lax-ant (tran'kwi-lak'sant) [$<$ L. *tranquillus*, quiet; L. *laxare*, to loosen, as the muscles]



Before application of White's Vitamin A & D Ointment—Typical diaper rash with excoriation of skin.

After application of White's Vitamin A & D Ointment at every diaper change—Diaper rash has completely disappeared within one week.

Heal and Prevent Diaper Rash with White's Vitamin A & D Ointment

Apply at Every Diaper Change

HEALS • SOOTHES • PROTECTS

also beneficial for— Pressure Sores, Varicose and Chronic Ulcers; Nipple Care (fissured nipple); Episiotomy and Circumcision Wounds; Eczema, Detergent Dermatitis; Minor Burns and Wounds and Skin Abrasions.

Supplied in 1½ and 4 oz. tubes; 1 lb. "nursery" jars and 5 lb. "ward" containers.

WHITE LABORATORIES, INC.



KENILWORTH, N.J.

ice must be this: "We don't need it. We've got something better already." But it isn't enough for *you* to believe what you say. The American public has got to believe it too.

Because British doctors failed to get that message across, Government medicine fastened itself on that country in 1948. Today the system is firmly entrenched. I'm afraid that's what will happen here unless American doctors work harder to improve private medical service and to sell the public on it, instead of merely viewing state medicine with alarm.

END

1 child in 10

... born each year,
may some day be a
mental patient!

UNLESS ...

we have more research,
clinics, and psychi-
atrists to cut this
terrible toll!



Give!
Mental Health
Campaign



while she is planning
her family,

she needs your help
more than ever



the most widely prescribed contraceptive

WHENEVER A DIAPHRAGM IS INDICATED



In Biliary Distress

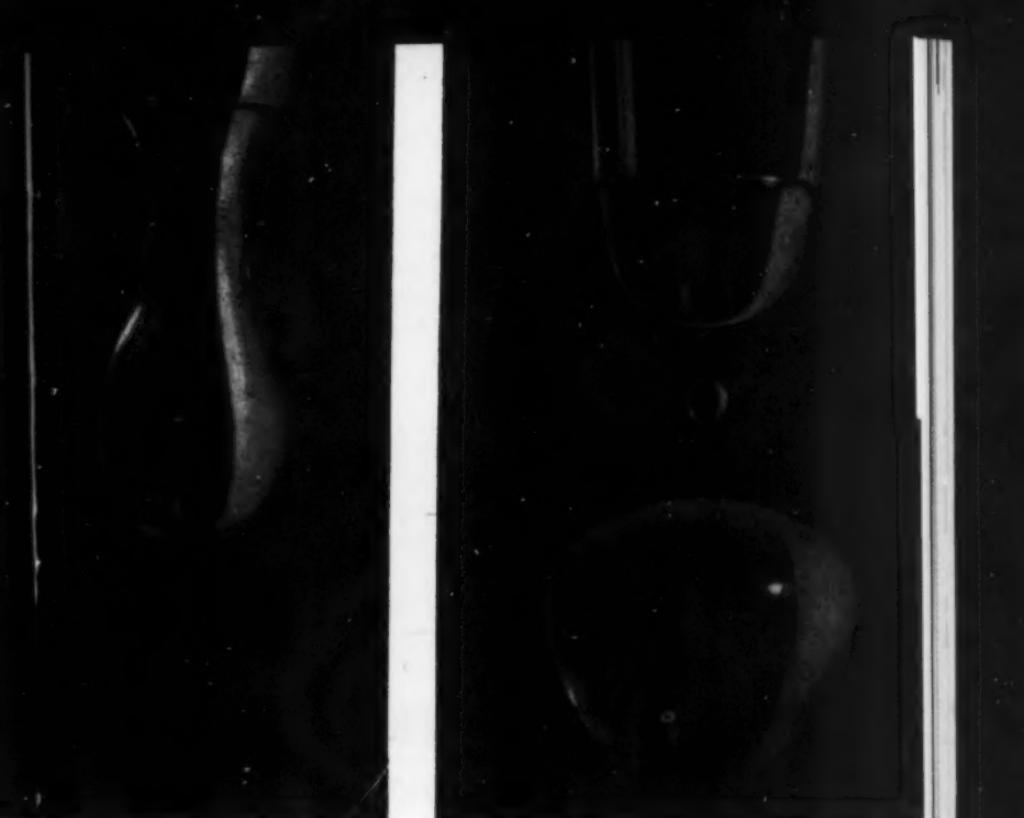
Zanchol® Improves Flow and

Zanchol (brand of florantyrone), a distinct chemical entity unrelated to the bile salts, provides the medical profession with a new and potent hydrocholeretic for treating disorders of the biliary tract.

The high degree of therapeutic activity of this new compound and its negligible side reactions yield distinct clinical advantages.

- Zanchol produces a bile low in sediment.
- Zanchol enhances the abstergent quality of bile.
- Zanchol produces a deep, brilliant green bile, regardless of its original color, suggesting improved hepatic function.

• Zan
crea
Bil
sedim
of infec
For
valuab
patien
Admi
is sup
Chicago



w and Color of Bile

- Zanchol improves the flow and quantity of bile without increasing total bile solids.

Bile with these qualities minimizes biliary stasis, reduces sediment and debris in the bile ducts and discourages the ascent of infection.

For these reasons ZANCHOL has shown itself to be a highly valuable agent in chronic cholecystitis, cholangitis and care of patients following cholecystectomy.

Administration: One tablet three or four times a day. Zanchol is supplied in tablets of 250 mg. each. G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.

How to Add Value to Your Life Insurance

Continued from 94

let's say you have a \$30,000 limited-payment policy. For an extra \$60 to \$70 a year, you can buy a family plan rider that will provide \$14,000 of decreasing term coverage for your wife and \$2,000 for each of your children. If you bought individual policies for them, you'd probably have to pay quite a bit more.

Incidentally, there are also family plan *policies*, which provide fixed proportions of insurance for all members of a family.* But the rider arrangement has two points in its favor:

It permits you to vary the proportions of insurance in any way you want. And you can adapt the family plan rider to virtually any kind of coverage. (The typical family plan *policy* is available only in ordinary life contracts.)

7. **DISABILITY INCOME.** This rider provides a monthly income

*See "Family Plan Life Insurance: Is It for You?", June 8, 1959, issue.

*for the two most frequently
performed urine tests*

URISTIX®

Reagent Strips

1 strip...1 dip...2 results

colorimetric "dip-and-read" combination test
for protein and glucose in urine

- timesaving
- economical
- completely disposable

61359

AMES
COMPANY, INC
Elkhart • Indiana
Toronto • Canada



Acute exacerbation of contact dermatitis

Before Treatment

see next page 

(Courtesy of William C. Grater, M.D., Dallas, Texas)



After 4 Days of treatment with

only 1 mg. q.i.d. of

Decadron[®]

DEXAMETHASONE



Additional literature is available to physicians on request.



After 7 Days of treatment with

only 1 mg. q.i.d. of

Decadron 

DEXAMETHASONE

Photo 6 days following the discontinuation of therapy



Merck Sharp & Dohme DIVISION OF MERCK & CO., Inc., PHILADELPHIA 1, PA.

DECADRON is a trademark of Merck & Co., Inc.



"There is perhaps no other drug introduced in recent years which has had such a broad spectrum of clinical application as has meprobamate.* As a tranquilizer, without an autonomic component in its action, and with a minimum of side effects, meprobamate has met a clinical need in anxiety states and many organic diseases with a tension component."

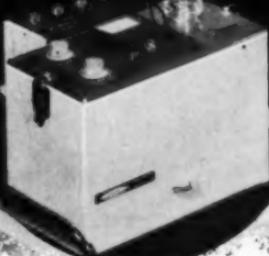
--Krantz, J. C., Jr.: The restless patient - A psychologic and pharmacologic viewpoint. Current M. Digest 25:68, Feb. 1958.

*Miltown
the original meprobamate
discovered and introduced by

Wallace Laboratories, New Brunswick, N. J.

simultaneous
application of
**CONTINUOUS
ULTRASOUND
OR PULSED**

and
**ELECTRICAL
STIMULATION**



The MS-300 Stimulator has been approved
by the F.C.C. for use in conjunction with
the UT 400 Ultrasound unit.

BURDICK'S
{ UT-400
MS-300
COMBINATION



Simultaneous use of the Burdick UT-400 Ultrasound unit and the new MS-300 Muscle Stimulator offers a new dimension in ultrasonic therapy — combining the massage action of electrical stimulation with the established physiological effects of ultrasound.

For complete information on the use of the UT-400 and MS-300—individually, or as a combination — please contact your local Burdick representative or write us directly.

Burdick

THE BURDICK CORPORATION

MILTON, WISCONSIN

Branch Offices: New York • Chicago • Atlanta • Los Angeles
Dealers in all principal cities

bulimia

call it what you will,
it calls for

Tepanil

Trademark (diethylpropion 'National')

*overeating

See Pages 126, 127

EXCLUSIVE...

Professional
Equipment
Plan

...TO THE PROFESSION ONLY

A sensible time payment
plan for buying
professional equipment.
It features *low down*
payment and *reasonable*
service charges.

*Buy now... pay while
earning added income!*

Contact Your RITTER Dealer for Complete Details.

Ritter CREDIT
CORPORATION
ROCHESTER 3, N.Y.

A subsidiary of Ritter Co., Inc.

YOUR LIFE INSURANCE

if you become permanently and totally disabled before age 65. Most companies limit the income to \$10 a month for each \$1,000 of insurance. But a few companies will pay as much as \$20 a month per \$1,000.

Like the waiver of premium clause, the disability income rider is a form of accident and health insurance. So before deciding you need it, check on how the rider meshes in with the rest of your accident and health program.

Such riders usually pay off until age 65, whereas accident and health policies provide disability benefits for from two to five years only. So you may want to supplement your accident and health coverage with a disability income rider to protect yourself against long-term disability.

If you're 35, such a rider for a \$10,000 ordinary life policy

FREE BOOKLET

**EARN
4%
WITHOUT
RISK**

FEDERALLY
CHARTERED
INSTITUTIONS
ONLY

- Accounts insured to \$10,000
- Dividends Compounded Quarterly
- Individual, Joint, Trust or Corporation accounts
- No Charge for our services

OUR 25th Year of Public Service

DANIEL POLLOCK

29 BROADWAY,
NEW YORK CITY
Whitehall 4-8710



to asthma symptoms—Tedral dependably protects chronic asthma patients against constriction, congestion and apprehension. Available in five convenient dosage forms, Tedral is the ideal antiasthmatic for continuous and safe prophylaxis at moderate cost.

Formula: theophylline, 250 mg.; ephedrine, $\frac{5}{6}$ gr.; phenobarbital, $\frac{1}{6}$ gr.

Usage: 1 or 2 Tedral tablets q.4h. plus 1 or 2 Tedral Enteric Coated tablets with the regular dosage at bedtime protect most asthmatics 'round the clock.

TEDRAL®

the dependable antiasthmatic



USEFUL ADJUNCTIVE THERAPY
IN OTITIS MEDIA

NEOCOR-TYZINE*

tetrahydrozoline hydrochloride—
prednisolone — neomycin

superior nasal decongestant
plus anti-infective / anti-allergic action

NEOCOR-TYZINE Nasal Solution, 0.1%,
1/2 oz. dropper bottles. Each cc. contains
1 mg. tetrahydrozoline hydrochloride,
0.2 mg. prednisolone, and 0.6 mg.
neomycin (as sulfate). **Pediatric Nasal**
Drops, 0.05%, 1/2 oz. bottles, with
calibrated dropper. Each cc. contains
0.5 mg. tetrahydrozoline hydrochloride,
0.2 mg. prednisolone, and 0.6 mg.
neomycin (as sulfate).

Note: Overdosage may cause drowsiness or
deep sleep in infants and young children.
Use Pediatric Nasal Drops (0.05%) for
children under six years.

Science for the world's well-being

Pfizer

PFIZER LABORATORIES, Brooklyn 6, N. Y.
Division, Chas. Pfizer & Co., Inc.

colonic stasis?

R

Veracolate®

1 tablet t.i.d.

the physiologic,
broad-spectrum
laxative



PAGE 816

STANDARD LABORATORIES, INC.
Morris Plains, N. J.

YOUR LIFE INSURANCE

will mean an extra payment of
about \$65 a year.

8. RETURN OF PREMIUM. Here's something rather new: a provision that all of the premiums you've paid on a given policy will be returned to your beneficiaries if you die within a specified period of time (usually twenty years).

That's in addition to the face value of the policy, of course. Some contracts also return the premiums you pay on the rider itself; others don't.

Should You Buy It?

The idea of an extra windfall for your wife sounds appealing. But does it make economic sense?

Look at it this way:

If you're 35, a \$10,000 ordinary life contract will cost you about \$250 a year. For another \$35 or so, you can get a rider returning your total premiums. The first year you have the policy, you'll then be buying only \$285 of extra protection for a whopping \$35. By the twentieth year, you'll be getting \$5,700 in extra death protection (20 times \$285) for that same \$35 annual outlay.

So the return of premium rider gives little protection during the early years of your policy. It

NOW
AVAILABLE
FROM

B-D

ACE Medical
Glove

TWO-FINGER EXAMINATION, INTERCHANGEABLE

MORE SENSITIVE—Developed by a physician, this thin, tough polyethylene glove is flexible and form-fitting to insure better "touch"... greater comfort. Comfortable for patients, too, because the seams are smoothly welded. **MORE ECONOMICAL**—No reprocessing cost... requires little storage space... fits either hand.

POWDERED WITH BIO-SORB® DUSTING POWDER—Easy to slip on or strip off. **DISPOSABLE**—One-time use minimizes risk of cross-infection... eliminates handling soiled gloves.

FORMERLY—



NOW—

a B-D  DISCARDIT product



B-D

BECTON, DICKINSON AND COMPANY • RUTHERFORD, NEW JERSEY

IN CANADA: BECTON, DICKINSON & CO., CANADA, LTD., TORONTO 10, ONTARIO

BIO-SORB IS A REGISTERED TRADEMARK OF ETHICON, INC.

B-D, ACE AND DISCARDIT ARE TRADEMARKS OF BECTON, DICKINSON AND COMPANY

NEW RESEARCH SHOWS LINOLEIC ACID ESSENTIAL TO INFANT NUTRITION

Hansen's and co-workers' research 1,2,3 on linoleic acid indicates these three important facts:

- I. Linoleic acid is essential in infant nutrition.
- II. Linoleic acid is essential for maintaining skin integrity.
- III. Optimum caloric efficiency is attained when 4 to 5% of the caloric intake is linoleic acid—the amount present in normal human milk.

Baker's Modified Milk—because it replaces butterfat with suitable vegetable oils—provides enough linoleic acid for both skin integrity and optimum caloric efficiency.

Baker's Modified Milk provides 6% of the calories as linoleic acid—an important factor in Optimum Nutrition.*


* providing all the normal dietary requirements plus a reserve for stress situations.

1. Wiese, Hilda F., et al.: *J. Nutrition* 68: 345, 1958
2. Adam, Doris J. D., et al.: *ibid.*: 555
3. Hansen, A. E., et al.: *ibid.*: 565

THE BAKER LABORATORIES, INC.

Makers of VARAMEL—a flexible formula
CLEVELAND 3, OHIO



**Baker's
MODIFIED
MILK**



HOW TO ADD VALUE TO YOUR LIFE INSURANCE

gives more and more as time goes on.

If you feel your insurance needs will increase as you get older, the rider may be worth its price. But if all you want is some extra low-cost protection, you'll probably do better just to buy a little more term coverage.

9. RETURN OF CASH VALUE. Instead of returning your premiums, this rider pays the cash value of your policy along with its death benefits. In other words, if your \$10,000 policy has a cash

value of \$4,000 when you die, your beneficiaries will get \$14,000.

That's the theory. But the rider has a special purpose. It was designed primarily for use in conjunction with "bank loan" and "minimum deposit" arrangements. Under such programs, you regularly borrow the full cash value of your insurance in order to meet premium costs.

As you borrow, naturally, your debt snowballs. And the amount of your beneficiaries' pro-

SPECIALTIES ARE SHIFTING RANK

In numbers of full-time specialists

1938

1. EENT or ENT	5,860
2. Internal medicine	5,688
3. General surgery	5,397
4. OB/Gyn.	2,227
5. Pediatrics	2,205
6. Psych./Neur.	2,154
7. Urology	1,643
8. Roent./Rad.	1,472
9. Ophthalmology	1,451
10. Orthopedics	984

1958

1. Internal medicine	18,687
2. General surgery	13,743
3. Psych./Neur.	8,172
4. OB/Gyn.	8,147
5. Pediatrics	7,473
6. EENT or ENT	5,952
7. Roent./Rad.	4,742
8. Ophthalmology	4,000
9. Orthopedics	3,457
10. Anesthesiology	3,211

Source: American Medical Directory, 1938 and 1958.



A day's work without fear of angina ...on *Metamine® Sustained, b.i.d.*¹

This normally active angina patient who can do a satisfying day's work without discomfort or the dread of a severe attack is typical of those controlled by METAMINE® SUSTAINED—aminotriate phosphate, 10 mg. (Leeming). A simple protective medication (1 tablet on arising and 1 before the evening meal), METAMINE SUSTAINED eliminates anginal episodes altogether, or greatly reduces their severity and frequency. Many patients refractory to other drugs of this type are aided by METAMINE SUSTAINED.²

Moreover, relative freedom from side effects typical of many cardiac nitrates

(headache, nausea, hypotension) permits angina-preventive medication with METAMINE SUSTAINED for indefinite periods. And, when you prescribe METAMINE SUSTAINED, b.i.d., your angina patient will need less nitroglycerin and thus remain fully responsive to this vital emergency medication.

Supplied: bottles of 50 and 500 sustained-release tablets. Also: METAMINE (2 mg.); METAMINE (2 mg.) WITH BUTABARBITAL (1/4 gr.); METAMINE (10 mg.) WITH BUTABARBITAL (1/4 gr.) SUSTAINED; METAMINE (10 mg.) SUSTAINED WITH RESERPINE (0.1 mg.).

Thos. Leeming & Co. Inc. 155 E. 44th St., New York 17, N.Y.

1. Eisfelder, H.W.: Case history 18/35. Pers. comm. 2. Fuller, H.L. and Kassel, I.E.: Antibiotic Med. & Clin. Therapy, 3:322, 1956.



In just seven months over 2,000,000



patients have received **Madribon**

highly acclaimed because of its 90% effectiveness... widely accepted because of less than 2% side effects

IN RESPIRATORY AND OTHER INFECTIONS — In more than 15,000 reported cases, Madribon has demonstrated remarkable effectiveness, characterized by rapid control of symptoms and disappearance of inflammation and infection. The action of Madribon is rapid and sustained, with minimal side effects.

IN CHRONIC INFECTIONS — Because it can be administered economically over long periods of time without adverse reactions, Madribon is particularly useful in chronic bacterial infections. In a substantial number of reported cases, Madribon was administered for as long as twelve months. There were no toxic, gastrointestinal or allergic manifestations.

New

Madriqid

the 125-mg capsule form of Madribon

Whenever q.i.d. dosage is desirable

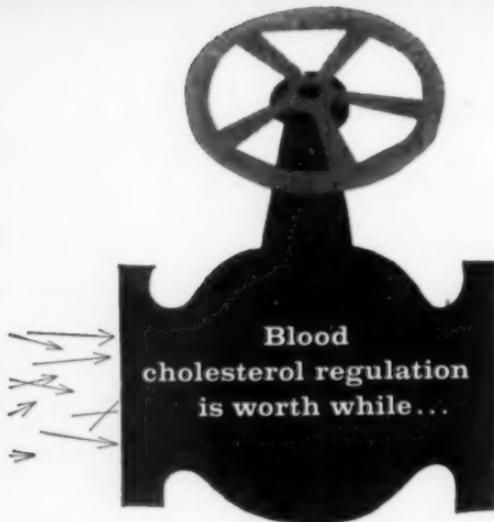
The fastest growing antibacterial bibliography:

1. J. D. Young, Jr., W. S. Kiser and O. C. Beyer, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 53-56, Feb. 1959. 2. C. Elkins, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 60-64, Feb. 1959. 3. H. Forman and A. Borstigard, *Antibiotics Annual 1958-1959*, New York, Medical Encyclopedia, Inc., 1959. 4. R. H. Leming, Jr., C. Flanagan, Jr. and B. R. Jennings, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 52-59, Feb. 1959. 5. S. Ross, J. R. Puig and E. A. Zaremba, *Antibiotics Annual 1958-1959*, New York, Medical Encyclopedia, Inc., 1959. 6. H. Forman and C. Parikh, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 44-51, Feb. 1959. 7. T. D. Michael, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 57-60, Feb. 1959. 8. W. W. Lovell, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 44-48, Feb. 1959. 9. J. F. Glenn, J. E. Johnson and J. H. Semana, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 49-52, Feb. 1959. 10. W. P. Boger, *Antibiotics Annual 1958-1959*, New York, Medical Encyclopedia, Inc., 1959. 11. B. R. Jennings, W. Kern and R. Engelberg, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 21-24, Feb. 1959. 12. B. R. Jennings and R. F. Delorenzo, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 17-21, Feb. 1959. 13. R. J. Schmitz, W. F. Delorenzo, E. Grunberg and R. Russomanno, *Proc. Soc. Exper. Biol. & Med.* 99:421, 1958. 14. W. F. Delorenzo and R. Russomanno, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 14-16, Feb. 1959. 15. B. Furst and E. Boehni, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 9-10, Feb. 1959. 16. B. Furst and E. Boehni, *Antibiotic Med. & Clin. Therapy*, 6: (Suppl. 1), 11-13, Feb. 1959. 17. O. Braudman, C. Over and R. Engelberg, *J. M. Soc. New Jersey* 56:24, Jan. 1959. 18. L. O. Randall, R. E. Hagdon and R. Engelberg, *Toxicol. & Appl. Pharmacol.* 1:88, Jan. 1959.



MADRIBONTTM — brand of sulfadimethoxine
MADRIQIDTM
ROCHE[®]

ROCHE LABORATORIES • Division of Hoffmann-La Roche Inc • Nutley 10 • N. J.



*Evidence strongly suggests that cholesterol is an important factor in atherogenesis... and investigators agree it's desirable to lower or prevent elevated blood cholesterol levels...**

Arcofac®

(ARMOUR CHOLESTEROL LOWERING FACTOR)

Arcofac lowers elevated blood cholesterol levels . . . safely . . . effectively . . . and need not impose radical dietary changes.

Arcofac supplies linoleic acid, an essential polyunsaturated fatty acid that lowers high cholesterol levels. In addition, it provides vitamin B₆, deemed necessary to convert linoleic acid into the primary essential fatty acid, arachidonic acid. Vitamin E, a powerful antioxidant, helps maintain the fatty acid in an unsaturated state.

*Amsterdam, B.: New York J. Med. 58:2199-2212 (July 1) 1958. Panel Discussion on Proper Nutrition for the Older Age Group, J. Am. Geriatrics Soc. 6:787-802 (Nov.) 1958. Leckert, J. T.; Donovan, C. B.; McHardy, G., and Cradic, H. E.: J. Louisiana M. Soc. 110:260-266 (Aug.) 1958.

Each tablespoonful (15 ml.) of Arcofac contains:

Essential fatty acids† . . . 6.8 G.
(measured as linoleic) with 2.5 I.U. of Vitamin E††

Pyridoxine hydrochloride
(Vitamin B₆) 1.0 mg.

†Supplied by safflower oil which contains the highest concentration of polyunsaturated fatty acids of any commercially available vegetable oil.

††Added as Mixed Tocopherol Concentrate, N. F.

ARMOUR

A

ARMOUR PHARMACEUTICAL COMPANY • A Leader in Biochemical Research • KANKAKEE, ILLINOIS

YOUR LIFE INSURANCE

tection melts slowly away. But if you have a return-of-cash-value rider, it offsets your debt in case you die. Thus, you can borrow on your insurance and still be sure your widow will get its full face value.

Such protection is certainly worthwhile if you borrow on your policy. But it isn't cheap. At age 35, you'll have to shell out from \$50 to \$80 a year to add the rider to a \$10,000 ordinary life policy.

Temporary Protection

10. INTERIM TERM RIDER. This is a useful little gimmick. It provides temporary term coverage in any amount for a specified number of days or months.

Suppose, for example, you want to buy another \$10,000 worth of permanent coverage. But in order to stagger your premium due dates, you'd like to postpone your first payment on the new policy till September. To get the extra protection immediately, you need merely put an interim term rider on it. The rider protects you until your permanent insurance premiums begin.

The cost of interim term is quite low: only about \$19 to \$22 if you're 35 and want a \$10,000 rider for, say, three months. END



To change the
"Stylin' Style"

to a "Glam" Style

SYNDROX®

SYNDROX® is a registered trademark of McNeil Laboratories, Inc. © 1972 McNeil Laboratories, Inc. All rights reserved.

Take the mind off food by encouraging activity and a brighter outlook.

SYNDROX® is a registered trademark of McNeil Laboratories, Inc. © 1972 McNeil Laboratories, Inc. All rights reserved.

SYNDROX® is a registered trademark of McNeil Laboratories, Inc. © 1972 McNeil Laboratories, Inc. All rights reserved.

McNEIL

McNeil Laboratories, Inc., Fort Lee, New Jersey 07024

terol
r
ee
ver
ood
*

....

mt.) d
5.8 Gm
with 25

1.0 mg
which
centra
d fatty
y availa
pheno

LINOID

YUM

What I Get Out of My Investment Club

Continued from 80

issues. And there'd be no more all-night sessions.

How did we make out in those early days? At the end of 1955, after six months, our books showed we'd spent \$4,026 (including brokerage fees) for investments whose market value totaled \$4,093. Not too bad, we felt. Not great, mind you, but not bad. Besides, we really were getting educated.

Study Industries First

For instance, we now realized the importance of reviewing an industry rather than one particular stock. We've done that ever since. If we like an industry, we'll settle on a company. But we pick no stock without a prior study of the entire industry.

Club attendance was excellent—as it still is. We hold our meetings at members' homes. And we all look forward to our once-a-month evening of food, drink, discussion, and action.

But it hasn't been pure "fun."

We got no fun, for instance, out of the club's year-end statement for 1956. By then we'd invested \$10,313. But the value of our holdings was only \$9,456.

It didn't make us feel any better to realize that thousands of other investment clubs were probably in the same boat. "We made one big mistake," one of our members concluded ruefully. "We started the damn club a year and a half too early."

What were we going to do about it?

The bylaws, our official bible, gave us the answer: Keep on investing regularly. If a stock had been a good buy at \$100 a share and was down to \$80, it was now a better investment. This was the time to beef up our sagging securities.

How the Broker Helped

It was also the time to make a critical review of our portfolio. To help us, we called on our brokerage house for advice. It was well that we finally took advantage of this free service. Once more we learned a lesson: Amateur investors *need* expert advice.

Counseled by our broker, we began to dispose of stocks we'd

fast

welcome relief of spasm and pain is continuously reported in functional G-I disorders, such as irritable, spastic colon syndrome; peptic ulcer; biliary dyskinesia; pylorospasm; and infant colic.

sure

relief can be expected... even in patients where other antispasmodics have failed.¹⁻⁴

direct

dual antispasmodic action is specific to the G-I tract. Spasm pain is relieved by direct relaxation of the smooth muscle and postganglionic parasympathetic nerve blockage.

safe

even in the presence of glaucoma⁴... BENTYL does not increase intraocular tension, produce blurred vision, dry mouth or urinary retention.

relief of g-i spasm&pain

Bentyl

80 mg. t.i.d. (dicyclomine) Hydrochloride

3. Chamberlain, D. T.:
Gastroenterology, 27:1224,
1951. 2. Heck, C. W.: J. M. A.
Gm., 49:194, 1951. 3. De-
rone L.; Casali, M. A. J.
et al.: 53:1, 1953. 4. Choult,
M.; Goodstein, S.; Ber-
ner, G., and Choult, A.:
J. A. M. A., 209:1276, 1960.



THE W. H. MERRELL COMPANY
New York - Cincinnati - St. Thomas, Ontario
Another Exclusive Product of Original Merrell Research

TRADEMARK: "BENTYL"

WHAT I GET OUT OF MY INVESTMENT CLUB

bought on hearsay and hunch and to buy other issues that we were taking the trouble to investigate. Before buying a stock, we now checked earning reports, dividends, management, and growth possibilities.

We also decided to limit the number of our investments, in order to prevent too much diversification. Up to a point, diversification is fine. But too much of it is bad because it scatters your shots.

Nowadays, we have our holdings reviewed periodically by the broker. We're guided by his advice on what to hold, what to sell,

what to buy. But we don't accept it blindly. The club makes no move unless a majority of the members endorse it.

By the end of 1957, we had put \$14,818 into securities whose market value was only \$13,015. Yet, though we were still in the red, we felt confident that our holdings were potentially stronger than ever before.

Last year we had a new problem: One of the members was moving away and had to resign. To buy him out, we needed cash. But at that moment there wasn't a single stock we were willing to sell.

More▶

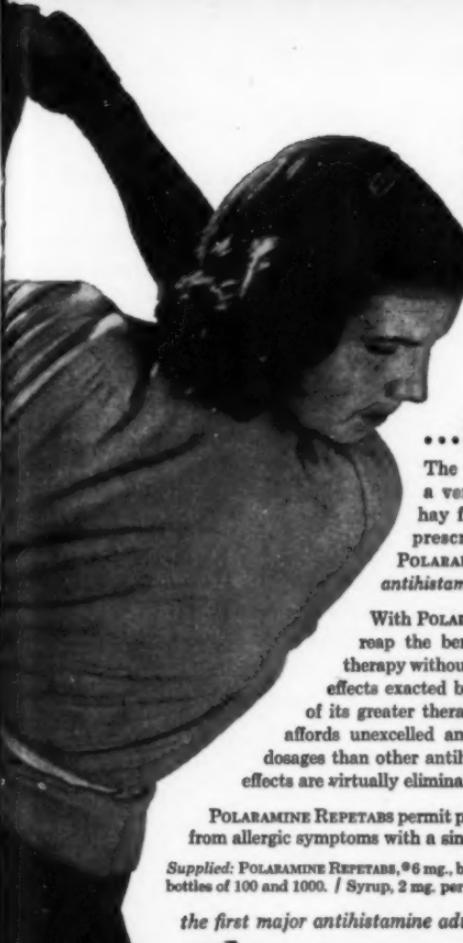
Want to Start an Investment Club?

There are several good sources of information about the care and feeding of an organization like the one described by Dr. Eli Eichelberger. Among them:

¶ The New York Stock Exchange has prepared a kit containing helpful data. You can get it free from any member firm.

¶ The book "How to Run a Successful Investment Club," by Raymond Trigger (Harper & Brothers, 1958), is a good buy at \$2.75.

¶ The National Association of Investment Clubs sells forms for dealing with all aspects of operating new or existing clubs. For information about the kinds of form available, write the association at 1246 National Bank Building, Detroit 26, Mich.



DANGER IN THE ROUGH

...inviting pollenosis

The control of allergic symptoms is a very important problem for your hay fever patient. But now, you can prescribe rapid, thorough relief with POLARAMINE — *the closest to a perfect antihistamine.*

With POLARAMINE your hay fever patient can reap the benefits of advanced antihistamine therapy without having to pay the penalty in side effects exacted by earlier antihistamines. Because of its greater therapeutic effectiveness, POLARAMINE affords unexcelled antihistaminic protection at lower dosages than other antihistamines . . . and annoying side effects are virtually eliminated.

POLARAMINE REPETABS permit patients daylong or nightlong relief from allergic symptoms with a single medication.

Supplied: POLARAMINE REPETABS, 6 mg., bottles of 100 and 1000. / Tablets, 2 mg., bottles of 100 and 1000. / Syrup, 2 mg. per 5 cc., bottles of 16 oz.

the first major antihistamine advance in over a decade...

POLARAMINE*

MALEATE

dextro-chlorpheniramine maleate

SCHERING CORPORATION • Bloomfield, New Jersey

*T.M. SCH 1670-0



Schering

WHAT I GET OUT OF MY INVESTMENT CLUB

So the nine remaining members reached into their pockets. Each of us then got an extra number of club shares proportionate to what we'd kicked in. The club's total investments remained the same; but they were held by nine instead of ten members.

The New Man Got Less

It took several months to decide on a replacement. Finally, though, we found a man whom all nine of us were glad to have in the group. How much did he have to invest? Just the basic \$250 we'd all put up at the beginning. But he got less than twenty-five shares, since by this

time each share was worth more than \$10.

So here we are in 1959. And at last our faith in our investments seems justified. As of April 1, we had invested a total of \$19,184. Market value of our holdings: \$21,789. Value of each club share: \$12.85.

Obviously, we've been riding a bull market. But we've had experience in a bear market—and could stand it again, if we had to.

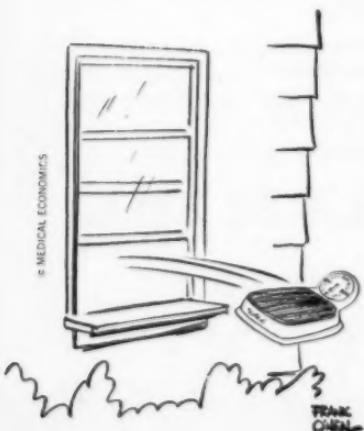
Why It's Worthwhile

What has the club meant to me? For one thing, it has kept me investing in worth-while securities (a program I probably wouldn't have stuck to on my own). For another thing, its meetings have been a welcome change from my medical routine. They've taught me a lot about economics. And they've cemented my friendship with a number of other men who share my interests.

Sound good to you? Why not try it? All you need is a few congenial friends and a bit of cash. I think you'll get more than your money's worth—even if you start "a year and a half too early."

END

© MEDICAL ECONOMICS



UNCOOPERATIVE...BUT STILL ON ORAL THERAPY, THANKS TO DIABINESE®

Brand of chlorpropamide

tablets / once-a-day dosage

"With it [DIABINESE] a better control can be obtained in that large segment of the diabetic population that does not fully cooperate in the dietary management."



The specific pharmacologic properties of DIABINESE — high activity, freedom from metabolic degradation, and gradual excretion — permit (1) prompt lowering of elevated blood sugar levels without a "loading" dose, and (2) smooth, sustained maintenance "devoid of...marked blood sugar fluctuations" on convenient, lower-cost, once-a-day dosage. This is the consensus of extensive clinical literature.¹⁻¹¹ Widespread use of DIABINESE since its introduction has confirmed the low incidence of side effects reported by the original investigators.

Thus, DIABINESE merits *first* consideration for any diabetic presently receiving or potentially better managed with oral therapy — including many diabetics for whom previous oral agents have proved ineffective.

Supplied: Tablets, white, scored 250 mg., bottles of 60 and 250; 100 mg., bottles of 100.

1. Handelman, M. B.; Levitt, L., and Calabretta, M. F.: Ann. New York Acad. Sc. 74:632, 1959. 2. Greenhouse, B.: *Ibid.*, p. 643. 3. Dobson, H., et al.: *Ibid.*, p. 940. 4. Farhman, P. H.; Magid, G. J., and Demain, D. E.: *Ibid.*, p. 672. 5. Beaven, S. B.: *Ibid.*, p. 701; *New England J. Med.* 259:573, 1958. 6. Blum, J., and Lennards, A.: *Ann. New York Acad. Sc.* 74:954, 1959. 7. O'Driscoll, B.: *J. Lancer* 2:749, 1958. 8. Hadley, W. B.; Krishnamurthy, A., and Marlin, A.: *Ann. New York Acad. Sc.* 74:621, 1959. 9. Deacon, G. G.; Schmitz, G. L., and Demain, M. M. A.: *Ibid.*, p. 845. 10. Mills, A. G., and Abelson, W. A.: *Ibid.*, p. 845. 11. Dray, N. W., et al.: *Ibid.*, p. 962.

Science for the world's well-being

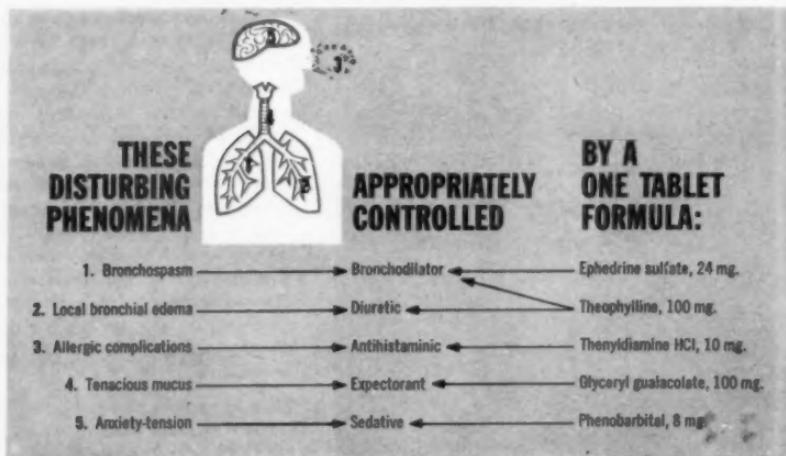
Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

**NEW AND EXCLUSIVE . . . the only 5-action,
one-tablet treatment...for comprehensive
control of your asthma patients, prescribe**

TRADEMARK

BRONKOTABS



CLINICALLY PROVEN—good to excellent results in 91% of 593 patients.*

WELL TOLERATED—side effects in these studies mild and temporary—incidence only 4.7%.*

INDICATIONS—For prevention or relief of the symptoms of allergic asthma, asthmatic bronchitis, chronic bronchitis with emphysema, emphysematous bronchospasm. Also for the relief of bronchial asthma associated with hay fever, allergic rhinitis and nonseasonal upper respiratory allergies.

DOSAGE: Adults: one tablet every 3 or 4 hours, four to five times daily. Children over six: one half the adult dosage.

Available at all pharmacies.

**FOR PROMPT
EMERGENCY RELIEF** **BRONKEPHRINE®** hydrochloride

(ethylnorepinephrine-Breon—10 cc. vials 2 mg./cc.)

"... far more than a substitute for epinephrine..."²



GEORGE A. BREON & CO., NEW YORK 18, NEW YORK

1. Personal communication. 2. Poland, J. P.: Postgrad. Med. 18:397 (Nov.) 1955.

How to Find Debtors Who Disappear

Continued from 75

for the name of the deceased, but for the names of survivors and lots of other invaluable information," says a Kansas collection agent.

In one case, a skip-tracer was scanning the obituaries when he came across the family name of a man who had long owed a doctor \$75. A check of the agency file revealed that the deceased was the debtor's father. So the tracer attended the funeral and spotted the son. He followed him to the cemetery and back home, where he saw the debtor in private and presented the bill. It was paid on the spot.

Such tactics probably seem off-limits to you. But collection agencies feel they're justified.

"All is fair in love and war and the handling of skips!" proclaims a Pennsylvania credit man. "No trickery is too sneaky! Look what *they* do!"

And, indeed, *look* what they do. The head of a West Virginia agency tells this story:

"Several accounts of one delinquent female patient were turned over to us. As is customary, a first demand notice was sent on each account. They were all returned, marked DEBTOR DECEASED. But in three or four of them, different dates were given for the debtor's death.

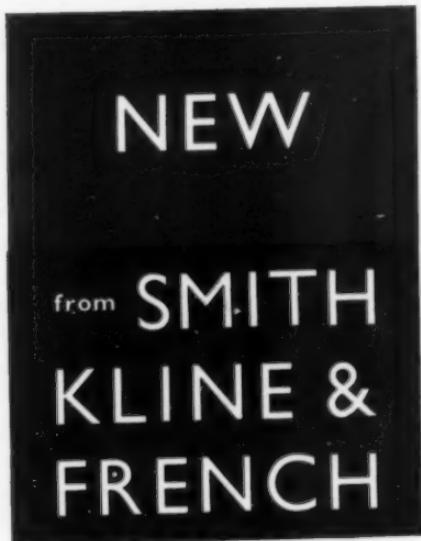
"Naturally, we looked into the matter. It turned out the patient was alive and marking our notices herself."

Equally devious was the behavior of a delinquent patient named Rex Thomas. Although a Thomas family lived at the address given, there was no Rex Thomas there. Nobody in the neighborhood had ever heard of such a person.

The skip-tracer eventually discovered that the Thomas family had a cocker spaniel. Its name? Rex, of course. And the tracer learned that this wasn't the first time the family had used the dog's name in obtaining credit.

Such cases explain why professional skip-tracers feel it's quite O.K. to fight guile with guile. They also explain why you and your aide would do better to stick to your profession and leave the trained bloodhounds to theirs.

END



LEADERS IN PSYCHOPHARMACOLOGY

STELAZINE*

brand of trifluoperazine

TABLETS, 1 mg.

For b.i.d. administration

FOR ANXIETY—
PARTICULARLY WHEN EXPRESSED AS APATHY,
LISTLESSNESS AND EMOTIONAL FATIGUE

5 significant advantages



often effective where other agents fail



enthusiastic patient acceptance



fast therapeutic response with very low oral doses



convenient b.i.d. administration



side effects usually slight and transitory

*Trademark

Clinically evaluated, before introduction, in over 12,000 patients

Over, please . . .

NEW: STELAZINE* TABLETS, 1 mg.

UNUSUALLY EFFECTIVE IN RELIEVING ANXIETY -PARTICULARLY WHEN EXPRESSED AS APATHY, LISTLESSNESS AND EMOTIONAL FATIGUE

'Stelazine' is a new long-acting psychotherapeutic agent that can help you to bring prompt relief to many of your patients whose anxiety is expressed as apathy, listlessness and emotional fatigue.

Clinical studies in over 12,000 patients have shown that 'Stelazine' is outstanding among agents in its class because it not only relieves agitation and tension but also *restores normal drive* in many patients who are apathetic due to anxiety.

RECOVERY OF NORMAL DRIVE IN APATHETIC PATIENTS

Clinicians report that with 'Stelazine' most apathetic, listless and emotionally fatigued patients soon regain an alert, more confident outlook. This frequently results in increased mental and physical activity. For example:

Patients' "spirits brightened and initiative and interest picked up considerably in contrast to their pretreatment inertia."¹

'Stelazine' "seemed to have a capacity to restore normal drive in conditions characterized by decreased motor activity and mental apathy."²

With 'Stelazine', "there was a notable restoration of energy and drive, without euphoria."³

PATIENTS FEEL BETTER . . . SLEEP BETTER

Where anorexia and insomnia are problems, 'Stelazine' usually produces a marked improvement in appetite and sleep patterns.

*Trademark

SMITH
KLINE &
FRENCH

for b.i.d. administration

5 SIGNIFICANT ADVANTAGES FOR YOU AND YOUR PATIENTS

1 Often effective where other agents fail

Clinical experience in over 12,000 patients has shown that many patients who had failed to respond or responded poorly to meprobamate, prochlorperazine, phenobarbital, mepazine, chlorpromazine, or promazine were promptly relieved by 'Stelazine'.

2 Enthusiastic patient acceptance

Clinicians note that 'Stelazine' therapy is unusually well accepted by patients. Subjective relief is frequently superior to that experienced with other therapies, and in many patients normal mental acuity and alertness are restored. Annoying side effects, such as drowsiness, are rarely encountered in recommended doses.

3 Fast therapeutic response with very low oral doses

Most patients on 'Stelazine' enjoy good to excellent relief of anxiety symptoms within a short time—often within 24 to 48 hours—on daily doses of one 1 mg. tablet b.i.d.

4 Convenient b.i.d. administration, due to inherent 12-hour action

Laboratory tests and extensive clinical investigations have demonstrated that 'Stelazine' exerts a significant therapeutic effect for 12 hours or more. Thus, you can control symptoms with b.i.d. dosage—which minimizes deviation from your prescribed regimen and provides patients with the convenience of morning-and-evening tablet therapy.

5 Side effects slight and transitory; rarely interfere with therapy

In the recommended dosage range of 2 mg. to 4 mg. daily, side effects with 'Stelazine' are usually slight and transitory and rarely affect the course of therapy. Occasional instances of drowsiness, dizziness, or stimulation may be observed; rarely, symptoms of an extrapyramidal nature may occur.

Although the increased mental and physical activity frequently seen with 'Stelazine' therapy is beneficial in most patients, it may be an unwanted side effect in cases where increased activity is not desired.

PRESCRIBING INFORMATION on next page . . .

SMITH
KLINE &
FRENCH

NEW: STELAZINE* TABLETS, 1 mg.

For b.i.d. administration

INDICATIONS

To relieve anxiety and restore normal drive in patients who are apathetic, listless and emotionally fatigued.

PRESENTING SYMPTOMS

Listed below are some of the manifestations of anxiety which responded unusually well to 'Stelazine' in clinical studies in over 12,000 patients:

Loss of normal drive
Inability to concentrate or work effectively
Indecisiveness
Irritability
Crying spells
Insomnia
Anorexia
Vague fears
Undue preoccupation with somatic complaints
Wide swings of mood

Generalized discomfort
Headaches
Dizziness
Palpitations
Hyperventilation
Epigastric distress



The "Stelazine" candidate has also been described in such non-clinical terms as:
suffering from "nervous exhaustion"
"a chronic complainer"
having "given up" under the pressures of
emotional stress

*Trademark

SMITH
KLINE &
FRENCH

PRESCRIBING INFORMATION

ADULT DOSAGE

Dosage of 'Stelazine' should be adjusted to the individual case.

Usual starting dosage is a 1 mg. tablet b.i.d. Usual optimum dosage of 'Stelazine' is 2 mg. to 4 mg. per day, in divided doses. In everyday practice it is seldom necessary to exceed 4 mg. daily. Because of the inherent long action of 'Stelazine', patients may be effectively controlled on convenient b.i.d. administration, and some have been maintained on once-a-day administration.

SIDE EFFECTS

In *everyday practice*, side effects from 'Stelazine' have been infrequent, mild and transitory when dosages were within the recommended range (2 mg. to 4 mg. daily). Mild drowsiness was observed in a small percentage of patients; this usually disappeared after a day or two of 'Stelazine' therapy. There were also occasional cases of dizziness, mild skin reaction, dry mouth, insomnia and fatigue; rarely, extrapyramidal symptoms.

A few patients on 'Stelazine' may experience a transient unpleasant stimulation or jitteriness, characterized by restlessness and anxiety. Since these symptoms are a side effect, the dosage of 'Stelazine' should not be increased while these symptoms are present. The patients should be reassured that this effect is temporary and will disappear spontaneously. In those cases where the symptoms are particularly bothersome, reduction of dosage or the concomitant administration of a mild sedative may be helpful.

CAUTIONS AND CONTRAINDICATIONS

In investigative studies, neither jaundice nor agranulocytosis was reported. However, clinicians should remain alert to the possible occurrence of toxic manifestations which have been reported occasionally with some phenothiazine compounds.

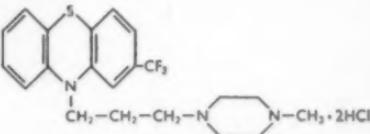
The increased mental and physical activity frequently seen with 'Stelazine' therapy is beneficial in most patients. However, it may be an unwanted side effect in the few cases, such as angina pectoris, where increased activity is not desired.

Because 'Stelazine' has an antiemetic effect, it may mask signs of overdosage of toxic drugs or may obscure the diagnosis of conditions such as intestinal obstruction and brain tumor.

'Stelazine' is contraindicated in comatose or greatly depressed states due to central nervous system depressants.

CHEMISTRY

'Stelazine' is 10-[3-(1-methyl-4-piperazinyl)-propyl]-2-trifluoromethylphenothiazine dihydrochloride.



AVAILABLE

1 mg. tablets, in bottles of 50 and 500. Also available, for use in psychiatric patients who are either hospitalized or under close supervision: 2 mg., 5 mg. and 10 mg. tablets; and 10 cc. multiple dose vials (2 mg./cc.). Literature on this usage is available on request. Smith Kline & French Laboratories, Philadelphia 1, Pa.

REFERENCES

1. Gearin, J.B.: Trifluoperazine in Emotionally Disturbed Office Patients. *Dis. Nerv. System* 20:66 (Feb.) 1959.
2. Margolis, E.J.; Pauley, W.G.; Cauffman, W.J., and Gregg, P.C.: Treatment of Tension States in Young Adults: Scientific Exhibit at the 12th Clinical Meeting of the American Medical Association, Minneapolis, Minn., Dec. 2-5, 1958.
3. Phillips, F.J., and Shoemaker, D.M.: Treatment of Psychosomatic Disorders in General Practice, *ibid.*
4. Ayd, F.J., Jr.: 'Stelazine' Therapy for the Psychosomatic Patient. *Clin. Med.* 6:387 (Mar.) 1959.
5. Tedeschi, D.H., et al.: Pharmacology of Trifluoperazine, in *Trifluoperazine: Clinical and Pharmacological Aspects*, Philadelphia, Lea & Febiger, 1958, pp. 23-33.
6. Markey, H.: Patients with Chronic Schizophrenic Reactions Treated with Trifluoperazine, *ibid.*, pp. 150-155.
7. Kovitz, B.: Management of Psychotic Tension Symptoms with Trifluoperazine: A Preliminary Report, *ibid.*, pp. 144-149.
8. Brooks, G.W.: Definitive Ataractic Therapy in the Rehabilitation of Chronic Schizophrenic Patients: A Preliminary Report on the Use of Trifluoperazine, *ibid.*, pp. 54-61.

leaders in psychopharmacology

SMITH
KLINE &
FRENCH



Combined Orinase*-insulin therapy enables you to "stabilize" a surprising percentage of "brittle" diabetics

The primary indication for Orinase remains in the stable, maturity-onset diabetic in whom Orinase usually can fully replace insulin therapy. But now a further indication has developed from the cumulative data of the past several years: many labile diabetics, who cannot be managed on Orinase alone, can benefit from the addition of Orinase to their insulin regimen.

A major benefit—stabilization

In the labile diabetic who successfully responds to joint insulin-Orinase management, the "peaks and valleys" of erratic blood sugar levels are rarely observed. The addition of Orinase greatly reduces sudden and unexpected changes... tends to "stabilize" even the "brittle" diabetic.

A major benefit—lessened insulin needs

The Orinase-stabilized labile diabetic generally requires less insulin than before the inclusion of Orinase in his regimen. This lessening of insulin dosage is particularly advantageous in the patient who is insulin-dependent, but who reacts unfavorably—whether by lipodystrophy or otherwise—to insulin.

The derived benefits—less hypoglycemia, less anxiety, greater well-being

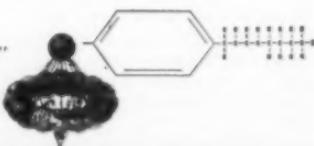
With stabilization, the hazards of shock or coma are diminished. Like the diabetic who is responsive to Orinase alone, the labile diabetic on combined therapy need no longer walk a slender tightrope between hypo- and hyperglycemia. The patient's fears are greatly lessened... often to be replaced by the healthier outlook characteristic of euglycemic Orinase management.

*TRADEMARK, REG. U. S. PAT. OFF.—TOLBUTAMIDE, UPJOHN

Upjohn

The Upjohn Company
Kalamazoo, Michigan

AN EXCLUSIVE
METHYL "GOVERNOR"
PREVENTS
HYPOGLYCEMIA...
MAKES ORINASE
A TRUE
EUGLYCEMIC AGENT



Subject Index to

Medical Economics

January Through June, 1959

Back copies of MEDICAL ECONOMICS, containing the articles and items in the following list, may be purchased, as long as the supply lasts, at the established back-copy price of 60 cents each. Individual listings show title, date of issue, and page number. Italics denote full-length articles of one page or more; other listings refer to news items, letters, and other short items of lasting interest.

AMBULANCE SERVICES

Air Ambulances Supplying Big-City Medical Centers. Mar. 2, p. 50
Hospital Prepares for Helicopter Trade. Mar. 30, p. 38
What's the Hurry? Surgeon Asks Ambulance Drivers. Apr. 27, p. 48
Doctors Ask Ambulances to Stop for Red Lights. May 25, p. 42

AMERICAN MEDICAL ASSN.

A.M.A. Backs Free-Choice Expansion of Medicare. Jan. 5, p. 33
A.M.A. Warms Toward Closed-Panel Plans. Jan. 5, p. 185
What the A.M.A. Shake-Up Means to You. Jan. 19, p. 146
Doctors Ask A.M.A. for Economic Action. Feb. 2, p. 170

ASSISTANTS

Compare Your Aide's Pay With These Averages. Feb. 16, p. 36
What Your Aide Won't Tell You. Feb. 16, p. 83
How to Hold Out on Your Aide for Her Own Good. Mar. 2, p. 32
Better Start Delegating More Work! Mar. 16, p. 223

Wrong Way to Hire a Beautiful Blonde. Mar. 16, p. 39

Don't Let Your Wife Work in Your Office! Mar. 30, p. 117
The Fine Art of Delegating More Work. Apr. 13, p. 249
How Delegating More Work Pays Off. Apr. 27, p. 153
Who's a Receptionist? Not Us, Say Aides. Apr. 27, p. 55
How to Decide Whether You Need More Office Help. May 11, p. 98
M.D.s Make Embezzlers of Their Aides. May 25, p. 52
You Need a Personnel Policy. May 25, p. 87
Saved: Ten Hours a Week of Listening Time. June 8, p. 69
Save the First 15 Minutes! June 22, p. 81

BANKING

Banks Wrap Credit in New 'Instant Money' Package. May 11, p. 38

BIOGRAPHY

Brown, Norton S., *You're Not Running a Private Concession!* Jan. 5, p. 94
Cummins, John B., *He Made House Calls at 100.* Feb. 16, p. 87
Legge, Robert F., M.D.'s Effort to Stay in the Swim Takes Its Toll. Feb. 16, p. 42

Little, Amos R., *He's Better Than Accident Insurance.* Mar. 2, p. 166

Spencer, Steven M., *Do Science Writers Raise False Hopes?* Apr. 13, p. 69
Orr, Louis, *Can Medicine Stay Conservative?* June 8, p. 201
Scharf, Nathan, *I Now Charge Lower Fees—But I'm Better Off.* June 8, p. 72
Pacific, Robert S., *This Doctor's Sideline Is Mental Telepathy.* June 22, p. 88

BLOOD BANKS

'Pull Over to the Blood Bank.' Jan. 19, p. 49

CHARITABLE CONTRIBUTIONS

'Fund Drives Are Becoming a National Nuisance.' Jan. 19, p. 36
How to Make Money by Giving Money Away. Jan. 19, p. 185
Before You Contribute to Charities. Feb. 2, p. 272
True Cost of Tax-Deductible Gifts. Apr. 13, p. 262
How Much Doctors Give Away. May 11, p. 69
CHIROPRACTORS

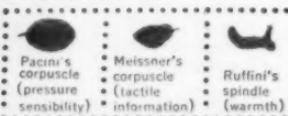
What Can a Chiropractor Do? Not All That, Court Rules. Jan. 19, p. 56
Chiropractors Get Backs Up,

the anatomy of touch... EXQUISITE SENSIBILITY

An alert and exquisite "fifth sense" in clinical diagnosis is tactile sensibility, for example, in discerning the presence and quality of a nodule in the thyroid.

Patients esteem their own tactile sensibilities, as well, and notably in the choice of a prophylactic, RAMSES,[®] for example, in which utmost sensitivity is preserved—"built-in." The superior prophylactic, RAMSES is a tissue-thin rubber sheath of amazing strength, of solid clinical reliability, and yet smooth as silk, transparent as gossamer, almost out of human awareness.

RAMSES enables the physician to rely on rigorous cooperation for putting an end to the cycle of re- and re-infection with Trichomonas,¹ due most often to unprotected sexual intercourse.² Without imposition, or deprivation, for the sake of cure, routinely using RAMSES will assure positive clinical control with a minimum of awareness, for in RAMSES the sensitivity is "built-in."



1. Weiner, H. H.: Clin. Med. 5:25 (Jan.) 1958.
2. Giorlando, S. W., and Brandt, M. L.: Am. J. Obst. & Gynec. 76:666 (Sept.) 1958.

JULIUS SCHMID, INC., 423 West 59th Street, New York 19, N.Y.

RAMSES is a registered trade-mark of Julius Schmid, Inc.



RAMSES
PROPHYLACTIC



As
Ma
COL
Hou
ter
p.
Pay
Ac
Don
Blu
Fe
Six
lem
You
Th
East
Fe
Coll
17
You
To
p.
Coll
Tr
This
in
29
Bett
30
How
13
Pat
13
His
lec
44
Hou
tat
Coll
Co
Crea
p.
Hou
Age
The
Ma
Ch
Cr
Goo
Cr
Pho
21
Hou
Dis
Spec
Fri
44

DIA
'Doc
age
p.

SEMI-ANNUAL SUBJECT INDEX

IBILITY
ility, a
hyroic

SES
ACTICS

3, N.Y.

Ask U. S. Court's Blessing. Mar. 2, p. 42

COLLECTIONS AND CREDIT

How to Write Collection Letters That Get Results. Jan. 5, p. 71

Payment Problems in Auto-Accident Cases. Jan. 5, p. 144
Don't You Want the Money? Blue Shield Asks Doctors. Feb. 2, p. 42

Six Knotty Collection Problems. Feb. 2, p. 263

Your Unpaid Accounts: Have They Reached the Danger Point? Feb. 2, p. 79

'Easiest Billing System Yet' Feb. 16, p. 117

Collection Letters. Mar. 2, p. 17

Your Collection Policy: How Tough Can It Get? Mar. 2, p. 74

Collect Via Telephone? 'Don't Try It!' Mar. 16, p. 175

This Plan Helps Patient Pay in a Lump Sum. Mar. 16, p. 29

Better Than Ready Cash. Mar. 30, p. 79

How to Bill Third Parties. Apr. 13, p. 196

Patients Pay Better Now. Apr. 13, p. 125

His Good-By to Patients Collects Back Bills. Apr. 27, p. 44

How to Collect From an Estate. Apr. 27, p. 176

Collect Via Small Claims Court? May 11, p. 191

Credit Card Practice. May 25, p. 21

How to Pick a Collection Agency. May 25, p. 67

The Husband Has to Pay You. May 25, p. 150

'Charge It, Doc! I've Got a Credit Card.' June 8, p. 58

Good Way to Handle Bad Credit Risks. June 8, p. 136

Phone Collections. June 8, p. 21

How to Find Debtors Who Disappear. June 22, p. 71

Specialists Sue Hospital for Freedom to Bill. June 22, p. 44

DIAGNOSTIC CENTERS

'Doctors Need Their Own Diagnostic Centers.' Mar. 16, p. 39

DRUGS AND DRUGGISTS

One Way to Handle Patent-Drug Peddlers: Ban 'Em. Jan. 19, p. 54

'If Doctors Fix Our Fees, We'll Fix Theirs.' Mar. 2, p. 42

Rx Men's Rx: Keep One Eye on Patient, Other on M.D. Mar. 2, p. 42

Bootleg Dope Now Quoted at \$18,000 an Ounce. Mar. 16, p. 48

False-Alarm Night Calls? Druggists Get Them Too. Mar. 30, p. 48

Pill Peddlers Aren't Stupid. Apr. 27, p. 44

EDUCATION

They'll Read World-Wide Medical Items for You. Jan. 5, p. 46

Coming: Medical Journals to Fit Your Pocket? Feb. 16, p. 42

Extra Training Costs Less for M.D. With a Boss. Mar. 16, p. 44

Gundersen Urges Rules to Keep Doctors Up to Date. Mar. 30, p. 36

Limited Reading Time? Here's How to Make It Pay. May 25, p. 195

Are We Scaring Off the Internees We Need Most? June 8, p. 147

G.P.s Snap Up Free Offer to Become Psychiatrists. June 22, p. 31

EQUIPMENT

'Better Think Twice Before You Buy a 1959 Car.' Jan. 19, p. 31

Car Dealers Not Rich? Jan. 19, p. 18

When Should You Trade In Your Car? Jan. 19, p. 87

He SHOWS His Patients What's Wrong. Feb. 2, p. 92

Auto Rental Advice: Ask About a Return Allowance. Feb. 16, p. 54

Doctor's Orders Can't Be Overlooked Now. Apr. 13, p. 40

How to Be a Successful Dictator. Apr. 13, p. 129

A Doctor Makes Peace with the Telephone Age. June 22, p. 56

Tires Wearing Out Faster?

'It's the New Cars.' June 22, p. 40

ESTATE PLANNING

Retain More of Your Earnings. Jan. 5, p. 88

How to Protect Yourself Against Inflation. Feb. 2, p. 76

The Nest Egg You Need. Feb. 16, p. 88

ETHICS

When It's Right to 'Steal' a Patient. Feb. 2, p. 227

M.D.s' Advertising Code Is Unethical, Editor Claims. Feb. 16, p. 42

A.C.S. Bans 'Prorating' of Insured Patients' Fees. Mar. 16, p. 60

What's Required of a Consultant. May 25, p. 118

Package Deal for Lab Fees Is Ethical—Out of State. June 8, p. 37

EXPENSES

'You're Not Spending Enough Money, Doctor.' Mar. 2, p. 79

FEES

State-by-State Fee Studies Get A.M.A. Backing. Jan. 5, p. 29

When NOT to Reduce Your Fee. Jan. 19, p. 216

Doctors Ask \$15 Fee for Insurance Exams. Feb. 2, p. 52

Insurance Form Fees. Feb. 2, p. 17

'Insured Patients ASK Us to Hike Their Fees.' Feb. 2, p. 29

'Hospital Admission Fees' Draw Doctors' Criticism. Feb. 16, p. 30

Lawyer Suggests You Charge for Disability Statements. Mar. 2, p. 38

Medical Care Costs Workers 24 Minutes a Day. Mar. 2, p. 35

Reasonable Fees Are Said to Mount Up Unreasonably. Mar. 2, p. 29

'We Practice 1959 Medicine for the Fees of 1864.' Mar. 2, p. 36

A.C.S. Bans 'Prorating' of Insured Patients' Fees. Mar. 16, p. 60

Boost in Compensation Fees Leaves M.D.s Unsatisfied. Mar. 30, p. 36



diarrhea

Cremosuxidine.

SULFASUXIDINE_® SUSPENSION WITH KAOLIN AND PECTIN

Cremosuxidine consolidates fluid stools, reduces enteric bacteria, detoxifies putrefactive material, and soothes the irritated intestinal mucosa. Chocolate-mint flavored...readily accepted by patients of all ages.



MERCK SHARP & DOHME

DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

*CREMOSUXIDINE and SULFASUXIDINE are trademarks of Merck & Co., Inc.

SEMI-ANNUAL SUBJECT INDEX

How I Keep Patients From Missing Appointments. Mar. 30, p. 85

These M.D.s Explain Fees Without Saying a Word. Mar. 30, p. 29

What They're Being Told About Fees. Mar. 30, p. 120

Charge for Phone Advice? We've Made It Pay. Apr. 13, p. 93

'Clear Up Confusion About Fees in Emergency Cases.' Apr. 13, p. 36

Lower Your Fees for the Aged. Apr. 13, p. 189

Who Should Get the Health Insurance Fee? Apr. 13, p. 112

Do These Compensation Fees Top Your Private Fees? Apr. 27, p. 31

Hospital Didn't Operate, So Patient Balks at Paying. Apr. 27, p. 48

1,706 Doctors Report Their Office Visit Fees. May 11, p. 74

Insurance Agents 'Explain' Doctors' Code to Them. May 25, p. 48

What Services Does an Office Visit Fee Cover? May 25, p. 82

How Much for an Injection? June 8, p. 111

I Now Charge Lower Fees—But I'm Better Off. June 8, p. 72

M.D. Tells Patients, 'Don't Pay a Hiked-Up Fee.' June 8, p. 32

How Doctors Set Fees for Multiple Services. June 22, p. 69

FOREIGN DOCTORS

M.D.-War Criminals. Feb. 2, p. 22

'Unfettered' Hospital Defies Britain's Health Service. Feb. 2, p. 44

Six Nations Plan to Offer Reciprocal Licenses. Feb. 16, p. 44

British M.D. Advises: Woo as I Say, Not as I Do. May 11, p. 33

Security in State Medicine? These Doctors Say No. May 25, p. 48

Are We Scaring Off the Internes We Need Most? June 8, p. 147

'State Medicine Can't Be Stopped!' June 22, p. 82

GENERAL PRACTICE

Five Ways to Foul Up a Consultation. Mar. 2, p. 179

G.P.s Find Their Status Rising in Hospitals. Apr. 13, p. 48

'Let's Stop Belittling Ourselves,' G.P. Urges. June 8, p. 57

G.P.s Snap Up Free Offer to Become Psychiatrists. June 22, p. 31

GOVERNMENT

A.M.A. Backs Free-Choice Expansion of Medicare. Jan. 5, p. 33

What the Democratic Congress Will Do For You—Or TO You. Jan. 5, p. 174

State Medical Plan for Aged Gets Doctors' Cooperation. Mar. 2, p. 47

Last Chance for Private Medicine! Apr. 13, p. 237

'Doctors Can't Beat the Form-and-Bill.' Apr. 27, p. 199

State Gives Pensioners Six Doctor Visits a Year. May 25, p. 36

Can Medicine Stay Conservative? June 8, p. 201

Census-Taker Too May Ask About Your Income. June 22, p. 52

GROUPS AND PARTNERSHIPS

What Causes Friction in Partnership Practice? Jan. 5, p. 157

How Doctor-Partners Divide Their Earnings. Jan. 19, p. 105

How to Get a Good Associate. Jan. 19, p. 231

Tax Court Eyes Group Clinic, Decides It's No Charity. Jan. 19, p. 40

How Big Is a Group? Feb. 2, p. 18

How Doctor-Partners Share Their Expenses. Feb. 2, p. 129

How Much Time Off for Men in Partnerships? Feb. 16, p. 93

How a Partnership Prepares for Dissolution. Mar. 2, p. 123

Incompatible' Partner Wins Right to Stay Put. Mar. 2, p. 40

Looking for an Associate?

Here's How You Look to HIM. Mar. 2, p. 229

Why 119 Partnerships Broke Up. Mar. 16, p. 109

Partnership Earnings, May 11, p. 24

Disability Called Biggest Risk in Partnerships. June 8, p. 50

How to Evaluate a Medical Group. June 8, p. 169

HEALTH INSURANCE

A.M.A. Warms Toward Closed-Panel Plans. Jan. 5, p. 185

'Model' Home-Care Plan Ready for Launching. Jan. 5, p. 55

'You're Not Running a Private Concession!' Jan. 5, p. 94

Blue Shield Is Starting to Pay Those Big Medical Bills. Jan. 19, p. 157

'Don't Let Blue Cross Dictate Rx for Mental Patients.' Jan. 19, p. 36

Another Union Quits Blue Plan, Picks Panel Doctors. Feb. 2, p. 32

Blue Cross Is Being Hurt by M.D.s Who Can't Say No. Feb. 2, p. 62

Blue Shield Income Ceilings. Feb. 2, p. 17

Blue Shield Income Ceilings: How High? Feb. 2, p. 151

'Don't You Want the Money?' Blue Shield Asks Doctors. Feb. 2, p. 42

'Insured Patients ASK Us to Hike Their Fees.' Feb. 2, p. 29

Blue Cross Tells Competition, 'Don't Misrepresent Us!' Feb. 16, p. 58

Cut Blue Shield's Umbilical Cord! Feb. 16, p. 72

What I Learned From the Doctors of Bloody Harlan. Feb. 16, p. 127

State Medical Plan for Aged Gets Doctors' Cooperation. Mar. 2, p. 47

Free Choice—For Whom? For Paying Patients Only! Mar. 16, p. 127

'Profit' on an Illness Is Ruled Nontaxable. Mar. 16, p. 29

Your Practice Ten Years From Now. Mar. 16, p. 82

Rockefeller Proposes Compulsory Major Medical Insurance. Mar. 30, p. 67

They're Taking a 60% Cut in Fees. Apr. 27, p. 167

Antibacterial / Anti-inflammatory

'CORTISPORIN' OTIC DROPS

- Relieves "incessant itching" and inflammation
- Eradicates *Pseudomonas* and other common causes of otitis
- Helps restore normal acid mantle
- **Rarely sensitizes**

Contains: 'Aerosporin'® brand Polymyxin B Sulfate, Neomycin Sulfate, and Hydrocortisone (free alcohol) in a sterile, slightly acid, aqueous suspension.

Available in dropper bottles of 5 cc.



**for infected
and inflamed ears**

Antibacterial / Antifungal

'AEROSPORIN' OTIC SOLUTION

- Counteracts "sogginess" of ear canal
- Eradicates *Pseudomonas* and other common causes of otitis
- Hygroscopic
- Antifungal for *Monilia* and *Aspergillus*
- Helps restore normal acid mantle
- **Rarely sensitizes**

May be used prophylactically in patients with recurring "swimmer's ear."

Contains: 'Aerosporin'® brand Polymyxin B Sulfate in Propylene Glycol with 1% Acetic Acid. Sterile. Available in dropper bottles of 10 cc.



BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N. Y.

SEMI-ANNUAL SUBJECT INDEX

Blue Plan Subscriber Raps Long Hospital Stays. May 11, p. 42

'Insurance Carriers May Kill Private Medicine.' May 11, p. 50

Insurance Plan Leads 7 in 10 M.D.s to Raise Fees. May 11, p. 29

Private Medicine in Britain Isn't Dead. May 11, p. 197

Blue Shield Drops Coverage; Other Plans Pick It Up. May 25, p. 47

Blue Shield Plan Pays Dentists, Podiatrists. May 25, p. 54

Insurance Agents 'Explain' Doctors' Code to Them. May 25, p. 48

State Gives Pensioners Six Doctor Visits a Year. May 25, p. 36

Blue Cross Gets Authority to Cover Home Care. June 8, p. 46

M.D. Tells Patients, 'Don't Pay a Hiked-Up Fee.' June 8, p. 32

New Insurance Plan Caters to 106-Year-Olds. June 8, p. 32

Senator Seeks to Cut Down Commercial Carriers' Edge. June 8, p. 37

'State Medicine Can't Be Stopped!' June 22, p. 82

'Unpopular' Blue Policy Out-sells Competition. June 22, p. 52

HOSPITALS

How I Broke Into My Hospital's Closed Shop. Jan. 5, p. 78

Medical Patients 'Subsidize' Those in for Surgery. Jan. 19, p. 49

'You Can Operate if You'll Buy the Instruments.' Jan. 19, p. 31

Give Hospital M.D.s Lifetime Tenure to 'Ease Tensions?' Feb. 2, p. 56

Losing Immunity From Suit Costs Hospitals Plenty. Feb. 2, p. 56

'Unfettered' Hospital Defies Britain's Health Service. Feb. 2, p. 44

'Hospitals Shouldn't Hold Patients for Ransom.' Feb. 16, p. 36

Plaintiffs' Attorneys Go Fish-

ing in Hospital Records. Mar. 2, p. 69

'Red Tape Is Ruining Our Hospitals.' Mar. 16, p. 183

Hospital 'Safety' Rule Is Too Dangerous for Him. Mar. 30, p. 56

To Win, Don't Join Us, Says Lay Hospital Trustee. Mar. 30, p. 60

Doctor's Orders Can't Be Overlooked Now. Apr. 13, p. 40

G.P.s Find Their Status Rising in Hospitals. Apr. 13, p. 48

Having Trouble With Your Residency Program? Apr. 13, p. 162

New Squawk in Nurseries. Apr. 13, p. 32

Doctors Put a Legal Lock on Hospital Records. May 25, p. 40

Drive to Unionize Hospitals May Spread Across U.S. May 25, p. 31

Are Hospital Patients Paying Too Much? June 8, p. 42

Hospital Red Tape. June 8, p. 17

Strong, Silent, M.D.s—or Are They Channel-Jumpers? June 8, p. 54

Some Hospitals Prosper 'Just Like Food Stores.' June 22, p. 50

Specialists Sue Hospital for Freedom to Bill. June 22, p. 44

'This Hospital Is Sick,' Says Reporter After Inside Look. June 22, p. 36

'To Keep Patients Moving, Keep a Tight Bed Supply.' June 22, p. 46

HUMOROUS COMMENTARY

Clothes Make the Doctor—Sick, Sick, Sick! Jan. 5, p. 50

A Code of Ethics for Patients. Feb. 16, p. 76

Pill Peddlers Aren't Stupid. Apr. 27, p. 44

HYPNOSIS

Hypnosis Pays Better by Telephone, He Finds. Mar. 2, p. 38

Linda Darnell Gives a Bow to Her Doctor. Mar. 30, p. 44

INCOMES

Retain More of Your Earnings. Jan. 5, p. 88

Your Practice Ten Years From Now. Mar. 16, p. 82

Best Business Barometer. Apr. 27, p. 232

INSURANCE

Payment Problems in Auto-Accident Cases. Jan. 5, p. 144

Your Wife a Liability? Jan. 5, p. 63

Should Your Wife Own Your Life Insurance? Jan. 19, p. 131

New Low-Cost Life Insurance. Feb. 2, p. 86

Compensation Award Gets to the Seat of the Trouble. Jan. 19, p. 52

M.D. Takes Residency, Keeps Status as Totally Disabled. Feb. 16, p. 51

Will Your Double Indemnity Really Pay Double? Feb. 16, p. 102

When to Borrow on Your Life Insurance. Mar. 30, p. 91

Holes in Your Life Insurance Program? Apr. 27, p. 69

Illusory Insurance? Apr. 27, p. 22

Life Insurance Planning: Where Doctors Go Wrong. May 11, p. 67

Now You Can Insure Your Insurability. May 25, p. 131

The Facts About Lloyd's Malpractice Insurance. May 25, p. 70

Family Plan Life Insurance: Is It for You? June 8, p. 91

How to Add Value to Your Life Insurance. June 22, p. 90

'Let's Drive In Here. We're Out of Insurance.' June 22, p. 56

New Type of Life Insurance May Face Sudden Death. June 22, p. 40

INTERNS AND RESIDENTS

What Internes Gain. Jan. 5, p. 17

M.D. Takes Residency, Keeps Status as Totally Disabled. Feb. 16, p. 51

Tax Unit Holds Its Line on Residents' Rent Deduction. Mar. 30, p. 63

Having Trouble With Your Residency Program? Apr. 13, p. 162

'The Wasted Year.' Apr. 13, p. 17

Who Should Get the Health Insurance Fee? Apr. 13, p. 112

Are We Scaring Off the In-

when fear-anxiety
finds its somatic outlet in
cardiac or g.i. symptoms*

SYCOTROL

1-piperidine ethanol benzoate hydrochloride

ANTIPHOBIC

without sedative or depressant effect

"...tends to abolish
fears and resulting
neurotic responses en-
gendered by anxiety
and stress. Discrimina-
tion and ego functions
are not depressed."**

Dosage: 1 tablet, 3-4 times
daily

Supplied: 3 mg. tablets in
bottles of 100.

Announcing TWO NEW IMPORTANT MEDICATIONS

FOR THE PEPTIC ULCER TRIAD - FEAR-ANXIETY, HYPERMOTILITY, HYPERACIDITY

THE TRI-LOGISTIC APPROACH

MODUTROL

ANTIULCER
ANTISPASMODIC
ANTACID

the presence of
SYCOTROL -
a specific for the
fear-anxiety
component -
now makes possible
total peptic ulcer
therapy

Without rigid dietary restrictions, MODUTROL
is the new medication that gives complete relief in previously
resistant cases of peptic ulcer. No untoward side effects
have been seen even on prolonged therapy.**

*Trademark



NEED & CARRICK / HOBOKEN, NEW JERSEY

SYCOTROL
1-piperidine ethanol benzoate hydrochloride
100 mg. tablets
3 mg. tablets
each determined by
weight of the active
ingredient. Bottles of 100
Briegel's Bottles of 100
U.S. Pat. Off. Reg. No. 2,072,202.

IN
If
in
No
in
p
W
Y
2
Ho
A
7
In
R
He
W
29
Ho
m
A 7
M
Buy
M
If
Fr
A M
Do
Inve
Fin
13
Are
An
Don
Bo
How
Du
P
Inve
mo
27,
Stock
th
42
Good
rest
How
at
'Insid
to E
Wall
Tro
p.
How
Mar
Inven
May
More
den
44
Put
Syn

SEMI-ANNUAL SUBJECT INDEX

ternes We Need Most? June 8, p. 147

INVESTMENTS

If You're Tempted to Invest in Alaska. Jan. 5, p. 83

Now: A New Way to Invest in a Small Business. Jan. 5, p. 32

What Kinds of Stock Should You Buy NOW? Jan. 19, p. 204

How to Protect Yourself Against Inflation. Feb. 2, p. 73

Investment Pointers From a Real Pro. Feb. 2, p. 139

Here's What Stock Averages Won't Tell You. Feb. 16, p. 29

How to Protect Your Investment Profits. Feb. 16, p. 151

A Trust Fund You Can Afford. Mar. 2, p. 151

Buy In Before the Stock Splits? Mar. 2, p. 211

If You're Looking for Tax-Free Income. Mar. 16, p. 78

A Model Investment Plan for Doctors. Apr. 13, p. 72

Investing Tip: 'Choose the Firm, Not the Industry.' Apr. 13, p. 31

Are Those Low-Priced Stocks Any Good? Apr. 27, p. 95

Don't Overlook Convertible Bonds. Apr. 27, p. 73

How the Mutual Funds Did During the Boom. Apr. 27, p. 38

Investors Advised to Hunt 'Tomorrow's Blue Chips.' Apr. 27, p. 31

Stockbrokers' Fees Are a Little Lower Now. Apr. 27, p. 42

Good Values in European Investments? May 11, p. 123

How to Invest and Still Sleep at Night. May 11, p. 84

'Inside Look' at Stocks Fails to Pay Off. May 11, p. 36

Wall Street Asks: Are Oils in Troubled Waters? May 11, p. 29

How Some Investors Beat the Margin Rules. May 25, p. 40

Invest in the Airlines Industry? May 25, p. 73

More Firms Plan to Pay Dividends in Stock. May 25, p. 44

Put Money Into Real Estate Syndicates? May 25, p. 139

Wall Street Warns: 'Don't Overrate Electronics.' May 25, p. 31

How Not to Get Hooked by Stock Manipulators. June 8, p. 29

Invest in the Drug Industry? June 8, p. 95

Investors Who Can Wait Find Profit in Japan. June 8, p. 57

New Fund Offers Share in European Market. June 8, p. 41

The Truth About Investment Advisory Letters. June 8, p. 78

Where the Smart Money Goes. June 8, p. 84

These Stocks Pay Tax-Free Dividends. June 22, p. 100

What I Get Out of My Investment Club. June 22, p. 76

LABOR UNIONS

'Model' Home-Care Plan Ready for Launching. Jan. 5, p. 55

What the Steelworkers Want From Medicine. Jan. 5, p. 118

Another Union Quits Blue Plan, Picks Panel Doctors. Feb. 2, p. 32

What I Learned From the Doctors of Bloody Harlan. Feb. 16, p. 127

'Workers Use Health Plans to Buy Second-Rate Care.' Mar. 16, p. 56

Union Has High Praise for Voluntary Insurance. May 11, p. 34

Drive to Unionize Hospitals May Spread Across U.S. May 25, p. 31

Unionists to Put Hospitals Ahead of Pay Hikes. June 8, p. 29

Who Says You Can't Beat Closed-Panel Plans? June 22, p. 151

LAW

Lawyer Didn't Know Law, Loses Malpractice Suit. Jan. 5, p. 36

M.D. Gets Paid for Being Left Out of Phone Book. Jan. 5, p. 42

Your Wife a Liability? Jan. 5, p. 63

A Ten-Second Test for Your Will. Jan. 19, p. 75

Social Worker Couldn't Help

It if They Called Him Doctor. Jan. 19, p. 42

Can They Charge You With Assault? Feb. 2, p. 207

Court Says Lawmakers Didn't Mean Sex. Feb. 16, p. 38

Doctor-to-Doctor Report on Patient Brings Libel Suit. Feb. 16, p. 46

M.D. Takes Residency, Keeps Status as Totally Disabled. Feb. 16, p. 51

Thoughts While Reading a Book on Abortions. Feb. 16, p. 239

What to Do if the Patient Forbids a Transfusion. Feb. 16, p. 32

When Must You Pay for Damage Done by Your Kids? Feb. 16, p. 212

Who's Liable—You or the Nurse? Feb. 16, p. 79

Liability Trends Worry Drug Industry Too. Mar. 16, p. 32

Upset Cutter Polio Verdict, Physicians Ask Court. Mar. 30, p. 38

M.D. to F.B.I.: Why Ask Us to Help You Get Your Man? Apr. 13, p. 44

Doctor-Patient Confidences No Longer Confidential? Apr. 27, p. 40

They're Easing the Way for Cadaver Donations. Apr. 27, p. 48

Afraid of Cross-Examination? You Should Be! May 11, p. 211

Court says Lawmakers DID Mean Sex. May 11, p. 34

Judge Tells Doctor Why He Must Testify. May 11, p. 33

What Happens When Doctor Sues Doctor. May 11, p. 91

Your Liability When Giving a 'Drunk Test.' May 11, p. 144

Can They Claim You 'Abandoned' the Baby? May 25, p. 159

Doctors Put a Legal Lock on Hospital Records. May 25, p. 40

Think Twice Before You Give Power of Attorney! May 25, p. 223

Whose Consent Do You Need? June 8, p. 126

You're in the Middle of the Battle Over Narcotics. June 8, p. 237

in urticaria and pruritus:

VISTARIL®

hydroxyzine pamoate

provides:

SPECIFIC ANTIHISTAMINIC EFFECT

in the treatment of a variety of skin disorders commonly seen in your practice.

"While some of the tranquilizers are only partially effective as far as antiallergic activities are concerned . . . [hydroxyzine] has been found, by comparison, to be the most potent thus far . . . "²

"The most striking results were seen in those patients with chronic urticaria of undetermined etiology."¹

... reduces—erythema, excoriation, and extent of lesions.¹⁻⁴

PSYCHOTHERAPEUTIC POTENCY

for effective relief of tension and anxiety.¹⁻⁴



Recommended Oral Dosage: 50 mg. q.i.d. initially; increase or decrease according to individual response.

Supplied as: Vistaril Capsules—25 mg., 50 mg. and 100 mg.

Vistaril Parenteral Solution—10 cc. vials and 2 cc. Steraject[®] Cartridges, each cc. contains 25 mg. hydroxyzine (as the HCl).

References: 1. Feinberg, A. R., et al.: *J. Allergy* 29:358 (July) 1958. 2. Eisenberg, B. C.: *Clin. Med.* 6:897-904 (July) 1958. 3. Robinson, H. M., Jr., et al.: *J.A.M.A.* 161:604-606 (June 16) 1956. 4. Robinson, H. M., Jr., et al.: *South. M. J.* 50:1282 (Oct.) 1957.



Science for the world's well-being

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

More
than a
tranquilizer

SEMI-ANNUAL SUBJECT INDEX

Gains Made Against Old Birth-Control Laws. June 22, p. 32
Who Says You Can't Beat Closed-Panel Plans? June 22, p. 152

LEGISLATION

M.D.s Influence Lawmakers More Than You'd Guess. Mar. 2, p. 35
How They're Planning to Put Across the Forand Bill. Mar. 30, p. 101
What's Holding Up the Keogh Pension Plan? Apr. 13, p. 177
How the Keogh Bill Could Change Your Life. May 25, p. 78

LOCATION, DISTRIBUTION

M.D.'s Island Practice Has Everything—But Illness. Feb. 2, p. 48
Alaska Looks Greener Now to M.D.s With Wanderlust. Mar. 30, p. 38
Doctors Flock to Sign Up for Nonpleasure Cruise. Apr. 27, p. 52
What 228,295 Doctors of Medicine Do. May 11, p. 136
A.M.A. Titleholder Couldn't Find a Successor. May 25, p. 36
I Now Charge Lower Fees—But I'm Better Off. June 8, p. 72
Now They Study Where to Hang the Shingle. June 22, p. 35

MALPRACTICE

Can You Spot the Patient Who'll Sue? Jan. 5, p. 103
Are You the Kind of Physician Who Gets Sued? Jan. 19, p. 79
Overpolite Anesthetist Winds Up in Court. Jan. 19, p. 52
Can They Charge You With Assault? Feb. 2, p. 207
How to Get Hit With a \$75,000 Malpractice Verdict. Feb. 2, p. 193
Malpractice? Non, Madame, C'Est la Vie! Feb. 2, p. 56
What Goes On in the Minds of Malpractice Jurors. Feb. 2, p. 109
Malpractice Suits Should Be Illegal! Feb. 16, p. 171
Who's Liable—You or the Nurse? Feb. 16, p. 79

Careful—That's Experimental Therapy! Mar. 2, p. 142
A Way to Stop Most Malpractice Suits. Mar. 16, p. 75
Lawsuit Situation: What Would YOU Do? Mar. 30, p. 89

Lawsuit Situation: What Would YOU Do? Apr. 13, p. 99
Lawsuit Situation: What Would YOU Do? Apr. 27, p. 147

They're Exposing the Tricks of Plaintiffs' Attorneys. Apr. 27, p. 87
Give a Patient Narcotics and He May Sue. May 25, p. 42
The Facts About Lloyd's Malpractice Insurance. May 25, p. 70
When You'd Better Worry About Being Sued. June 8, p. 83

MEDICAL CARE COSTS

Medical Care Costs Workers 24 Minutes a Day. Mar. 2, p. 35
Doctors' Fees Get Least Criticism as 'Too High.' Mar. 16, p. 42
Writer Attacks Fees; M.D.s Counter-Attack Harder. Mar. 16, p. 36
Your Practice Ten Years From Now. Mar. 16, p. 82
What They're Being Told About Fees. Mar. 30, p. 120
Are Medical Care Costs Really Out of Line? Apr. 13, p. 80
Price Index That Doctors Distrust May Be Revised. May 25, p. 50
What Americans Spend. June 8, p. 88

MEDICAL SCHOOLS

'Uncle Sam Will Have to Bail Out Our Medical Schools.' Jan. 5, p. 135
Would This System Ease the Doctor Shortage? Jan. 5, p. 48
Are Today's Medical Students Working Too Hard? Jan. 19, p. 60
Why Public Medical Schools Flunk the Most Students. Jan. 19, p. 40
'Can a Medical School Be a Bad Thing?' Doctors Ask. Feb. 2, p. 58

How Much Money Do Our Medical Schools Really Need? Mar. 2, p. 88

'Specialists Who Slur the G.P. Aid the D.O.' Apr. 13, p. 32
Who Says Our Medical Schools Need Federal Aid? June 8, p. 187
Now They Study Where to Hang the Shingle. June 22, p. 35

MEDICAL SOCIETIES

'You're Not Running a Private Concession' Jan. 5, p. 94
Illegal Discipline. Feb. 16, p. 22
What'll Your Widow Do With Your Practice? Mar. 16, p. 136
Doctors Get Fast Action on Complaint About Ad. Apr. 27, p. 35
How to Be a Medical Leader. May 11, p. 231
Insurance Agents 'Explain' Doctors' Code to Them. May 25, p. 48
Negro Voted Head of White Medical Society in South. May 25, p. 52
Who Says You Can't Beat Closed-Panel Plans? June 22, p. 151

MILITARY MEDICINE

A.M.A. Backs Free-Choice Expansion of Medicare. Jan. 5, p. 33
Medicare Charged With Dividing Families. Apr. 13, p. 52

NATUROPATHS

Female Agent Hurts All Over—All Over Texas. Apr. 13, p. 46

NURSES

Who's Liable—You or the Nurse? Feb. 16, p. 79

OFFICES

Plan to Build? Architects Tell How They Can Help. Jan. 5, p. 42
'Subsidized Monopoly?' Jan. 5, p. 19
How to Build a Clinic Without a Down Payment. Mar. 2, p. 50
What's It Cost to Move? Mar. 30, p. 94
Best Source of Building Advice. Apr. 13, p. 150

SEMI-ANNUAL SUBJECT INDEX

Best Spot for Your Aide. Apr. 13, p. 218
Facts on Financing Your Own Office. Apr. 13, p. 199
Not Enough Light? Apr. 27, p. 158
Tax Benefits of Office-Building Ownership. Apr. 27, p. 91
Try These on Your Office Doors. Apr. 27, p. 71
'Always Tired?' Smart Doctors Aren't. May 11, p. 218
Building? Consider Concrete. May 11, p. 95
What Floor Covering for Your Office? May 11, p. 183
Northern Office With Southern Charm. May 25, p. 88
What's a Fair Rent? May 25, p. 96
Hiring a Contractor? Here's What to Watch For. June 8, p. 119
You Can't Take It With You. June 8, p. 232

OSTEOPATHS

Most Osteopaths Practice in Six States, Survey Shows. Feb. 2, p. 40
'Specialists Who Slur the G.P. Aid the D.O.' Apr. 13, p. 32

PATIENT RELATIONS

Can You Spot the Patient Who'll Sue? Jan. 5, p. 103
Rx for Getting Personal. Jan. 5, p. 142
Answers That Keep Your Patient's Blood Pressure Down. Jan. 19, p. 195
How to Lose Patients. Jan. 19, p. 71
Practice-Building Secrets. Jan. 19, p. 17
Rx for Getting Names Right. Jan. 19, p. 191
He SHOWS His Patients What's Wrong. Feb. 2, p. 92
How to Be a Doctor They Swear By—Not At. Feb. 2, p. 159
How to Scare Hell Out of Hospital Patients. Feb. 2, p. 100
The Right Way to Recommend a Consultant. Feb. 2, p. 253
When It's Right to 'Steal' a Patient. Feb. 2, p. 227
A Code of Ethics for Patients. Feb. 16, p. 76
How to Get Along With Difficult Patients. Feb. 16, p. 257

Referring a Patient? Tell Him These Things First. Feb. 26, p. 207

How to Deal With the Seductive Patient. Mar. 16, p. 207
'I Must Talk to the Doctor.' Mar. 16, p. 258

How I Keep Patients From Missing Appointments. Mar. 30, p. 85

'Oh, Doctor, That's So Cold!' Apr. 13, p. 186

Patient Told to 'Send Gift After You Pay the Bill.' Apr. 13, p. 31

Speak Up to Save Your Life, Patients Are Told. Apr. 13, p. 42

This Chart Shows Your Patients' Religious Needs. Apr. 13, p. 87

Watch Out for the Dissatisfied Patient! Apr. 13, p. 145

How I Lost Patients—and Then Won Them Back. Apr. 27, p. 113

In Case You're Delayed. Apr. 27, p. 218

Injections Without Tears: Kids Go for This Game. Apr. 27, p. 188

Try a Suggestion Box? Apr. 27, p. 104

Mothers Turn to Doctors—But Not for Pills. May 11, p. 46
Get Away From That Desk! May 25, p. 160

How I Cut Down My Question-Answering Time. May 25, p. 91

What Wins Patients? Try This Test and See. May 25, p. 98

When NOT to Send a Patient to a Psychiatrist. May 25, p. 170

Is She Neurotic if She's 'Got a Little List?' June 8, p. 54

Now They Never Forget a Name! June 8, p. 219

Rx for Waiting Patients: Keep 'Em in the Dark. June 8, p. 52

Skull and Crossbones Is a Practice Builder. June 8, p. 42

When You'd Better Worry About Being Sued. June 8, p. 83

How Doctors Feel About Reminder Notices. June 22, p. 111

Never Admit You're Sick! June 22, p. 166

When You NEED a Way

With Women. June 22, p. 140

PRACTICE MANAGEMENT

A Letter You Owe Your Wife. Mar. 2, p. 189

Management Consultants: What Can They Offer You? Mar. 2, p. 92

You're Not Spending Enough Money, Doctor. Mar. 2, p. 79

Better Start Delegating More Work! Mar. 16, p. 223

Management Consultants: What Do They Charge? Mar. 16, p. 98

What'll Your Widow Do With Your Practice? Mar. 16, p. 136

Management Consultants: Where Can You Find Them? Mar. 30, p. 80

Medical Practice for Sale. Apr. 13, p. 205

The Fine Art of Delegating More Work. Apr. 13, p. 249

How Delegating More Work Pays Off. Apr. 27, p. 153

How Good Is Your After-Hours Coverage? Apr. 27, p. 82

What Doctors Do About Vacation Substitutes. May 11, p. 157

Try a Telephone Break. June 8, p. 77

Save the First 15 Minutes! June 22, p. 81

PRESCRIBING, DISPENSING

Please Don't Let Your Aide Do Your Prescribing. Feb. 2, p. 29

A.M.A. Gives Green Light to Doctors' Pharmacy. Mar. 16, p. 56

They Don't Just Keep Drug Samples—They File 'Em. Mar. 16, p. 50

Hospital 'Safety' Rule Is Too Dangerous for Him. Mar. 30, p. 56

PRIVATE LIVES OF DOCTORS

Why a Doctor Can't Get a Table Down Front. Jan. 5, p. 46

You Can't Keep It With You. Burglarized Doctor Learns. Jan. 19, p. 56

'Impoverished' Doctor Gets Billed Anyway. Apr. 13, p. 33

SEMI-ANNUAL SUBJECT INDEX

'Always Tired?' Smart Doctors Aren't. May 11, p. 218
Doctors Live Longer. May 11, p. 101

Wig Maker Tells the Bald Truth About Doctors. May 11, p. 50

These Vacations Pay for Themselves. May 25, p. 182

Home Swimming Pools: The Economic Pros and Cons. June 22, p. 95

How Much Vacation? June 22, p. 146

Never Admit You're Sick! June 22, p. 166

What to Do About Cash When You Go Abroad. June 22, p. 158

PROFESSIONAL RELATIONS

How I Broke Into My Hospital's Closed Shop. Jan. 5, p. 78

Better Learn Your Specialty's Limits! Jan. 19, p. 140

Doctors and Public Health. Jan. 19, p. 17

New Light on Medicine's Color Line. Jan. 19, p. 171

Wanted: More Rugged Individualists. Jan. 19, p. 99

Professional Entertainment Is 'Bribery,' Says M.D. Feb. 2, p. 40

Surgeons Are Doctors Too. Feb. 16, p. 17

Looking for an Associate? Here's How You Look to HIM. Mar. 2, p. 229

'We Need More—Not Less—Professional Courtesy.' Mar. 2, p. 85

I'll Never Send a Patient to Him Again. Mar. 16, p. 197

Get Off the Phone! Apr. 27, p. 174

The Right to Pay. Apr. 27, p. 18

'Down With Entertainment Deductions!' May 11, p. 71

How to Be a Medical Leader. May 11, p. 231

'What Happens When Doctor Sues Doctor.' May 11, p. 91

Negro Voted Head of White Medical Society in South. May 25, p. 52

What's Required of a Consultant. May 25, p. 118

Never Admit You're Sick! June 22, p. 166

PUBLIC HEALTH

F.D.A. Measures Fall-Out in Your Daily Diet. Jan. 5, p. 46

Los Angeles' Climate Fine if You Survive, Doctor Says. Jan. 5, p. 50

Narcotics Clinics. Jan. 5, p. 19

Tyrone Power Didn't Heed Eye Bank's Requirement. Feb. 16, p. 54

Get Tougher With Addicts? Apr. 13, p. 17

M.D.s Take Closer Look at British Narcotics Control. May 11, p. 42

New Health Code Promotes Togetherness for Horses. May 11, p. 31

You're in the Middle of the Battle Over Narcotics. June 8, p. 237

PUBLIC RELATIONS

Physicians Teach Laymen 'Medical Appreciation.' Jan. 5, p. 44

TV Pitchmen Ask: Who'll Wear White Coats Now? Jan. 5, p. 40

Maybe That TV nostrum IS 'What the Doctor Ordered.' Jan. 19, p. 38

These Doctors Personalize Their Call System. Feb. 2, p. 42

'We Need M.D.s and We'll Pay.' Say TV Admen. Feb. 16, p. 38

Do Science Writers Raise False Hopes? Apr. 13, p. 69

Editors Tell What Irks Them About Doctors. June 8, p. 42

'Money-Hungry Doctors.' June 8, p. 152

Bad Press for M.D.s? It's Better Than You Think. June 22, p. 55

The Trouble With Science Writers. June 22, p. 129

REAL ESTATE

Home-Buying to Be Eased if Trade-In Bill Passes. Apr. 27, p. 32

Next Time You Sell Your House. May 25, p. 90

Put Money Into Real Estate Syndicates? May 25, p. 139

How to Get the Best Deal on Your Mortgage. June 22, p. 117

RECORDS

Fine Work in Records. Jan. 19, p. 18

The Best Way to Head Off Tax Trouble. Feb. 2, p. 97

Day Book Fails as Defense in \$170,000 Tax Suit. Feb. 16, p. 52

Lawyer Suggests You Charge for Disability Statements. Mar. 2, p. 38

Plaintiffs' Attorneys Go Fishing in Hospital Records. Mar. 2, p. 69

They're Cutting Down on Insurance Paper Work. Mar. 2, p. 171

Traveling, Doctor? Shopping? Pack a Card, Any Card. Mar. 2, p. 52

They Don't Just Keep Drug Samples—They File 'Em. Mar. 16, p. 50

Card Tells X-Ray Record at a Glance. Mar. 30, p. 44

Fast Way to Get Case-History Data From the Former Doctor. Mar. 30, p. 97

Rubber Stamp Replacing Doctor's Signature? Mar. 30, p. 44

How You Can Save History-Taking Time. Apr. 13, p. 105

Showcasing the Patient What He's Paying For. Apr. 27, p. 78

Telephone Message Book. May 11, p. 73

The Right Way to Bring Patients Back. May 11, p. 87

Doctors Put a Legal Lock on Hospital Records. May 25, p. 40

How I Cut Down My Question-Answering Time. May 25, p. 91

How to Get Rid of Old Files and Have Them Too. June 8, p. 52

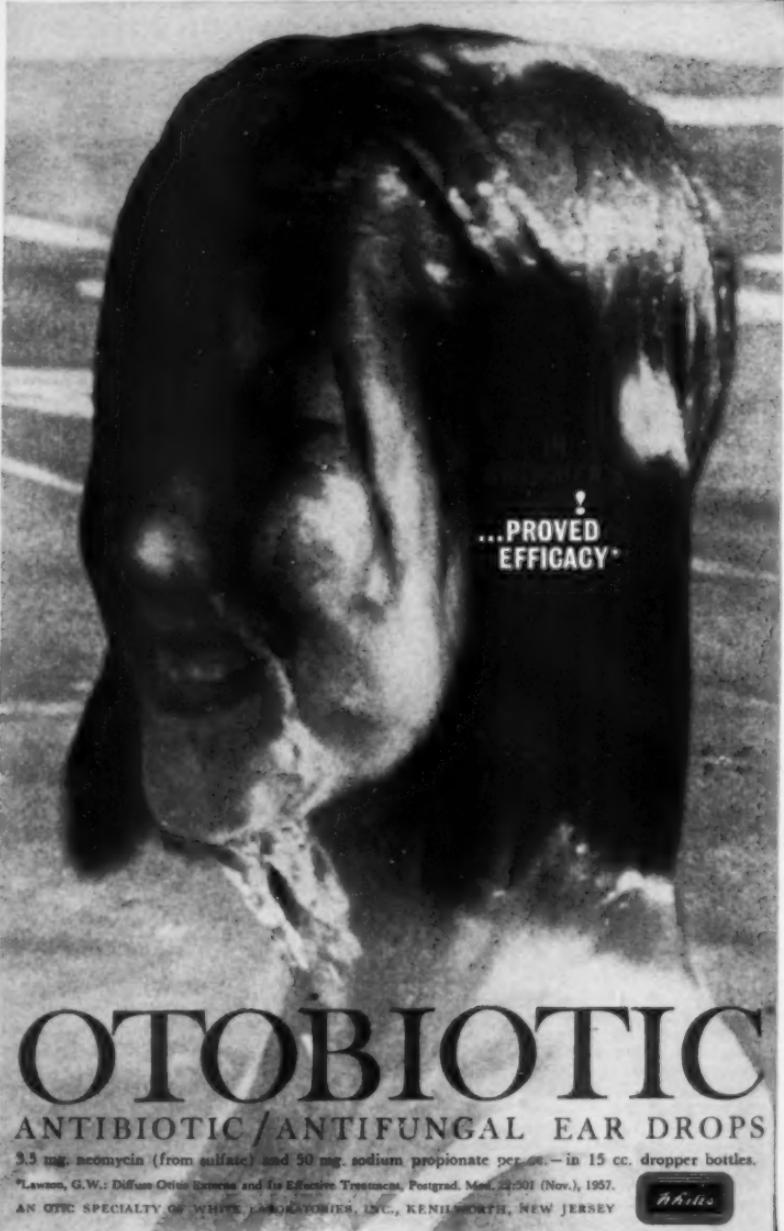
Is Your Bookkeeping System Safe Enough? June 8, p. 257

Saved: Ten Hours a Week of Listening Time. June 8, p. 69

Who Should See Your Records? June 8, p. 251

Here's a Card for Those Who DON'T Want Credit. June 22, p. 32

How Doctors Feel About Reminder Notices. June 22, p. 111



...PROVED
EFFICACY*

OTOBIOPTIC

ANTIBIOTIC / ANTIFUNGAL EAR DROPS

3.3 mg. neomycin (from sulfate) and 50 mg. sodium propionate per cc.—in 15 cc. dropper bottles.

*LAWRENCE, G.W.: *Diffuse Otitis Externa and its Effective Treatment*, Postgrad. Med. 22:501 (Nov.), 1957.

AN OTC SPECIALTY OF WHITE LABORATORIES, INC., KENILWORTH, NEW JERSEY



SEMI-ANNUAL SUBJECT INDEX

Rx for Hospital Consultations. June 22, p. 75

REFERRALS

Five Ways to Foul Up a Consultation. Mar. 2, p. 179

RESEARCH

How Soon Should a Doctor Publish His Findings? Mar. 16, p. 50

They'd Reform Vivisection, Not Abolish It. Mar. 30, p. 52

How to Satisfy Your Urge to Do Spare-Time Research. Apr. 27, p. 125

They're Easing the Way for Cadaver Donations. Apr. 27, p. 48

RETIREMENT

'Don't Buy the Mills Bill Unless You Want a Boss.' Feb. 2, p. 36

How the Keogh Bill Could Change Your Life. May 25, p. 78

They're Set to Act as Soon as the Keogh Bill Passes. June 22, p. 31

SOCIAL SECURITY

Social Security Action. Feb. 2, p. 22

What the State-Wide Social Security Polls Are Showing. Feb. 2, p. 83

'In Social Security Polls, the Wording's the Thing.' May 11, p. 46

Can Medicine Stay Conservative? June 8, p. 201

SPECIALISM

Pathologists Offer Services Free to State Agency. Jan. 5, p. 40

Better Learn Your Specialty's Limits! Jan. 19, p. 140

'Captive' Practices. Feb. 16, p. 20

Radiologist's Rx Cleans Up the Soap Box Derby. Mar. 30, p. 58

Fast Swings Toward Specialism. May 11, p. 270

How Many Certified Specialists? May 11, p. 152

When NOT to Send a Patient to a Psychiatrist. May 25, p. 170

One Doctor's Swipe at Psychiatrists. June 8, p. 85

G.P.s Snap Up Free Offer to Become Psychiatrists. June 22, p. 31

Specialists Sue Hospital for Freedom to Bill. June 22, p. 44

TAXES

Rx Didn't Improve a Home—So It's Tax-Deductible. Jan. 5, p. 44

Your 1959 Tax Calendar. Jan. 5, p. 76

Eight Ways to Test Your Entertainment Deductions. Jan. 19, p. 94

I.R.S. Eases Deductions for Children in Institutions. Jan. 19, p. 36

Tax Court Eyes Group Clinic, Decides It's No Charity. Jan. 19, p. 40

Here's Tax Advice on Bills Paid for Dependents. Feb. 2, p. 42

Professional Entertainment Is 'Bribery,' Says M.D. Feb. 2, p. 40

Test Yourself With This Tax Quiz. Feb. 2, p. 184

The Best Way to Head Off Tax Trouble. Feb. 2, p. 97

When You Hire Your Parents. Feb. 2, p. 24

Can You Answer These Tax Questions? Feb. 16, p. 218

Day Book Fails as Defense in \$170,000 Tax Suit. Feb. 16, p. 52

Doctor's Gift Ends Up Costing Son Plenty. Feb. 16, p. 29

'Sorry, Doctor—You Can't Deduct That.' Feb. 16, p. 67

Are You Taking All These Personal Tax Deductions? Mar. 2, p. 101

'Broadened Tax Base' May Narrow Your Deductions. Mar. 2, p. 29

How to Hold Out on Your Aide for Her Own Good. Mar. 2, p. 32

Take Some Tax Tips from the Experts. Mar. 2, p. 221

Extra Training Costs Less for M.D. With a Boss. Mar. 16, p. 44

How to Avoid Penalties on Your Tax Estimate. Mar. 16, p. 161

'Profit' on an Illness Is Ruled Nontaxable. Mar. 16, p. 29

These Fine Points Can Help

You Cut Your Taxes. Mar. 16, p. 103

A Revenue Agent Reports: What I Look For on Doctors' Tax Returns. Mar. 30, p. 72

'It's Best NOT to Cooperate With Special Tax Agents.' Mar. 30, p. 29

Poor Health Doesn't Excuse Tax Fraud, Court Rules. Mar. 30, p. 48

Tax Unit Holds Its Line on Residents' Rent Deduction. Mar. 30, p. 63

You Pay Twice Your Tax Bill. Mar. 30, p. 76

Here's the Box Score on Audit of Tax Returns. Apr. 13, p. 31

Ruling May Liberalize Tax Credit for P.G. Study. Apr. 13, p. 51

True Cost of Tax-Deductible Gifts. Apr. 13, p. 262

You Can Fight That T-Man's Decision! Apr. 13, p. 65

Tax Benefits of Office-Building Ownership. Apr. 27, p. 91

'Down With Entertainment Deductions!' May 21, p. 71

'Tax Agents' Word Is Good Only in Writing.' May 11, p. 31

Tax Deduction Proposed for 'Last-Illness' Expenses. June 8, p. 29

Wife's Aid to Doctor Is a Gift, Not a Loan. June 22, p. 55

WIVES

The Doctor's Wife as a Practice Builder. Feb. 16, p. 183

A Letter You Owe Your Wife. Mar. 2, p. 189

What'll Your Widow Do With Your Practice? Mar. 16, p. 136

Don't Let Your Wife Work in Your Office! Mar. 30, p. 117

Let Your Widow Beware. June 8, p. 18

Wife's Aid to Doctor Is a Gift, Not a Loan. June 22, p. 55

WRITING AND SPEAKING

How Soon Should a Doctor Publish His Findings? Mar. 16, p. 50

Make Your Colleagues Sit Up and LISTEN! May 11, p. 165

Now They Never Forget a Name! June 8, p. 219



Overweight

Mrs. Geller rebelled at the monotony of housekeeping chores and the antics of her school-age children added tension to boredom. Eating became an outlet for her emotions. A daily

Ambar #1 Extentab®

an artful balance of 10 mg. methamphetamine hydrochloride and 1 gr. phenobarbital, not only curbed her appetite, but by aiding in a renewal of creative interests, tempered her reactions to minor irritations.

weight reduced, mood relieved with Ambar™



Obesity

and Mrs. Adams seem inseparable. She has tried all the current diet fads her friends, relatives and the newspapers tell her to try, and she says they don't work. She knows how unrelenting are the frustrations that drive her to overeating. She can use the more potent dose of the 15 mg. methamphetamine hydrochloride with 1 gr. phenobarbital in

Ambar #2 Extentabs®

The long-acting Ambar Extentabs (#1 or #2) may be supplemented with conventional Ambar Tablets (methamphetamine hydrochloride 3.33 mg. and phenobarbital 1/3 gr.)



A. H. Robins Co., Inc.
Richmond 20, Virginia

Abb
H
Pl
No
Ur
Ar
Ar
Si
Arn
An
Ayer
PM
Bake
Mo
Bus
Arc
Mal
Beet
Aca
Birte
Ult
Bord
Ma
Brea
Bro
Brist
Bu
Bur
Bu
Burro
'Ae
'Co
Carn
Bon
Cere
Low
Ciba
Esti
T
Rita
Desai
Des
Eaton
Fur
Tri
Esti
Lan
Geig
But
Stor
Gener
Pat
Irwin
Obo
Hista
Knoll
Qua
Lakes
Can
Cay
Imfe
Trid
Leder
Ach

Index of Advertisers

Abbott Laboratories	
Harmonyl	Insert between 100, 101
Placidyl	
Norisodrine	107
Ames Company, Inc.	
Uristix Reagent Strips	198
Armour Pharmaceutical Company	
Arofac	214
Sinaxar	12
Arnar-Stone Laboratories	
Americaine Topical Anesthetic Ointment and Aerosol	179
Ayerst Laboratories	
PMB 200	53
Baker Laboratories, Inc., The	
Modified Milk	208, 209
Bausch & Lomb Optical Company	
Arc-Vue Otoscope	35
May Ophthalmoscope	
Becton, Dickinson & Company	
Ace Medical Glove	207
Bircher Corporation, The	
Ultrasonics	62
Borden Company, The	
Marcelle Lipstick	24
Breon & Co., Geo. A.,	
Bronkotabs	222
Bristol-Myers Company	
Bufferin	180
Burdick Corporation, The	
Burdick's UT-400/MS-300 Combination	203
Burroughs, Wellcome & Co.	
'Acersporin' Otic Solution	236
'Cortisporin' Otic Drops	
Carnrick Company, G. W.,	
Bontril	21
Cereal Institute, Inc.	
Low-Fat Breakfast	60
Ciba Pharmaceutical Products, Inc.	
Esidrix/Serpasil Combination Tablets	173, 174, 175, 176
Ritonic	45
Desitin Chemical Company	
Desitin Ointment	29
Eaton Laboratories	
Furadantin	30
Tricofuron Improved	51
Esta Medical Laboratories, Inc.	
Lanesta Gel	131
Geigy Pharmaceutical Co.	
Butazolidin	65
Sterazolidin Capsules	191
General Electric Company, X-ray Dept.	
Patrician	27
Irwin, Neisler & Co.	
Obocell-TF	59
Histacount	
Histacount	32
Knoll Pharmaceutical Company	
Quadrinal	167
Lakeside Laboratories, Inc.	
Cantil	189
Caytine	187
Imferon	181, 183, 185
Tridal	188
Lederle Laboratories	
Achromycin V Capsules	114
Leeming & Co., Inc., Thos.	
Calmitol	64
Metamine Sustained	211
Lilly & Company, Eli	
Becotin with Vitamin C	183
Compren	187
Darvon Compound	141
Ilosone Sulfa	18, 19
Sandril c Pyronil	143
Tet-Tape	145
Trisicon	139
Ultran	134, 135
Lloyd Brothers, Inc.	
Doxidan	103
McNeil Laboratories, Inc.	
Grifulvin	156, 157
Parafon	5
Syndrox	215
Maitbie Laboratories Div.	
Wallace & Tiernan, Inc.	
Desenex	16
Mead Johnson	
Natalins Basic	
Natalins Comprehensive	171
Merck, Sharp & Dohme (Div. of Merck & Co., Inc.)	
Cremosuxidine	234
Decadron	199, 200, 201
Diupres	48, 49
Leritine	IBC
Neo-Hydeltrasol Nasal Spray	61
Redisol	165
Merrell Company, The Wm. C.,	
Bentyl	217
Quiaactin	IFC
Morton & Company, B. C.,	
Investments	248
National Drug Company, The	
Hesper-C Prenatal	113
Orenzyme	150
Tepanil	126, 127, 164, 204, 248
Nion Corporation	
Nitobabs	106
Ortho Pharmaceutical Corp.	
Ortho-Gynol	195
Parke, Davis & Company	
Ambenyl Expectorant	28
Eldec Kapsals	104
Pfizer Laboratories Div. of Chas. Pfizer & Co.	
Bonamine	125
Cosa-Signemycin	110
Cosa-Tetracyc	163
Cosa-Tetrastatin	23
Diabinene	221, 249
Neocor-Tyzine	206
Vistaril	240
Pitman-Moore Company	
Neo-Polycin Ointment	116
Pollock, Daniel	
Investments	204
Professional Printing Company, Inc.	
Histacount	32
Reed & Carnrick	
Modutrol	238
Sycotrol	
Research Supplies	
Glukor	170
Riker Laboratories, Inc.	
Deaner	8
Ritter Company, Inc., The	
Professional Equipment Plan	204

cynorexia

call it what you will,
it calls for



*overeating "See Pages 126, 127"

Doctors • Clinics • Hospitals
Medical Building Funds . . .

EARN 4% in insured savings assns.

MAXIMUM SAFETY

Funds insured by
U. S. Govt. agency

OUR SERVICES *Free*

Send for FREE Report

B. C. MORTON & CO.

131 STATE STREET, BOSTON 9, MASS.

NAME _____

ADDRESS _____

CITY _____ STATE _____

OFFICES THROUGHOUT THE WORLD

ME-C2

248 MEDICAL ECONOMICS • JUNE 22, 1959

INDEX OF ADVERTISERS

Robins Company, Inc., A. H.	246
Ambar Extentabs	184
Dimetane	184
Donnagel	47
Donnagel with Neomycin	54
Donnazyme	54
Pabalate	168, 169
Pabalate-HC	169
Roche Laboratories, Div. of	
Hoffmann-LaRoche, Inc.	
Madribon	212, 213
Madriqid	212
Noludar 300	115
Roerig & Co., Inc., J. B.	
Bonadoxin	108, 109
Rorer, Inc., Wm. H.	
Maalox	66
Sandoz Pharmaceuticals'	
Bellergall Spacetabs	41
Mellaril	Insert between 166, 167
Schering Corporation	
Deronal	67, 68
Meti-Derm Aerosol	123
Polaramine	219
Prantal	39
Sigmatagen	148
Schmid, Inc., Julius	
Ramses Prophylactics	232
Searle & Co., G. D.	
Zanchol	196, 197
Shield Laboratories	
Riasol	58
Smith-Dorsey	
Triaminic	149
Smith, Kline & French Laboratories	
Combid Spansule	BC
Compazine	160, 161
Edrisal	44
Spansule	147
Stelazine	224, 225, 226, 227, 228, 229
Temaril	25
Troph-Iron Liquid	57
Squibb & Sons, E. R.	
Mycolog	99
Pentids 400	10
Standard Laboratories, Inc.	
Veracolate	164, 206
Strasenburgh Co., R. J.	
Biphetamine	120
Ionamin	121
Upjohn Company, The	
Orinase	230
Wallace Laboratories	
Deprol	14
Milpath	34
Milpath-200	33
Milprem	155
Miltown	202
Soma	42, 43
Warner-Chilcott Laboratories, Inc.	
Anusol-HC	153
Mucotin	6
Tedral	205
Tedral anti-H	128
White Laboratories, Inc.	
Otobiotic Ear Drops	24
Vitamin A & D Ointment	19
Winthrop Laboratories, Inc.	
Milibis Vaginal Suppositories	28, 12
Trancopal	192, 193
Wyeth Laboratories	
Equanitrante	37
Polymagma	182
Sparine	26
Zactirin	68

FOR THE NEW "MATURITY-ONSET" DIABETIC CONSIDER DIABINESE® FIRST

brand of chloropropamide

tablets / once-a-day dosage

The specific pharmacologic properties of DIABINESE — high activity, freedom from metabolic degradation, and gradual excretion — permit (1) prompt lowering of elevated blood sugar levels *without a "loading" dose*, and (2) smooth, sustained maintenance "devoid of...marked blood sugar fluctuations"¹ on convenient, lower-cost, once-a-day dosage. This is the consensus of extensive clinical literature.¹⁻¹¹ Widespread use of DIABINESE since its introduction has confirmed the low incidence of side effects reported by the original investigators.

Thus, DIABINESE merits *first* consideration for any diabetic presently receiving or potentially better managed with oral therapy — including many diabetics for whom previous oral agents have proved ineffective.

Supplied: Tablets, white, scored 250 mg., bottle of 60 and 250; 100 mg., bottles of 100.

for smoother, lower-cost oral
antidiabetic control



Science for the world's well-being

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

1. Greenhouse, B.: Ann. New York Acad. Sc. 74:643, 1959.
2. Dobson, N., et al.: *Ibid.*, p. 940.
3. Forsham, P. H.; Magid, G. J., and Dorosin, D. E.: *Ibid.*, p. 672.
4. Becker, B.: *Ibid.*, p. 701; *New England J. Med.* 259:572, 1958.
5. Greenhouse, B., and Drey, N. W.: *Ann. New York Acad. Sc.* 74:954, 1959.
6. O'Driscoll, B. J.: *Lancet* 2:749, 1958.
7. Hadley, W. B.: *Khachadurian, A., and Marble, A.*: *Ann. New York Acad. Sc.* 74:521, 1959.
8. Duncan, G. G.; Schless, G. L., and Demeshkien, M. M. A.: *Ibid.*, p. 717.
9. Handelman, M. B.; Levitt, L., and Calabretta, M. F.: *Ibid.*, p. 832.
10. Hills, A. G., and Abelove, W. A.: *Ibid.*, p. 845.
11. Drey, N. W., et al.: *Ibid.*, p. 962.



Memo

From the Editors

Coming in July

Some time ago, the A.M.A. put out a public statement on the amount of money being spent nationally for medical research. The most accurate report it could find on the subject, said the association, was an "authoritative" article in MEDICAL ECONOMICS.

Now, this particular label is one that we ourselves seldom use. For a magazine gets to be authoritative, we're convinced, only by acting as if it isn't.

This means avoiding the pontifical, the dogmatic, the doctrinaire. It means avoiding too much stress on how problems *should* be solved; it means accenting instead how problems *are* solved by real people in today's world.

The difference this makes to you as a MEDICAL ECONOMICS reader is well illustrated in next month's issues. Among the major problems taken up therein are financial planning for retirement, friction in the hospital, and fringe benefits for your aide. What sort of solutions can you expect to read?

Olympian advice? Theoretical exhortation? Not a bit of it. Here's what you get instead:

¶ "Five Model Trust Funds for Your Retirement." Back in 1957, a committee of the American Bankers Association was asked: How would you go about building a doctor's \$75,000 nest egg into a fund for him to retire on in just fifteen years? Five different trust officers on the committee worked out detailed answers—and then checked them and changed them in 1959. Here you'll find their experience to date as a guide to your retirement financing.

¶ "Rx for Friction in the Hospital." The solution here is novel, though the problem isn't. "Hell of a way to run a hospital," these Los Angeles doctors used to say to themselves as they watched little things go wrong. Now they say it openly at monthly "gripe sessions" with nurses and administrators. Hear how they actually talk their way toward better patient-care.

¶ "A Pension Plan for Your Aide." How a Texas doctor has bought some financial security for his aide and some professional security for himself—all without making too deep a dent in his pocketbook.

If these articles carry authority, it's the authority of real-life experience. For our money, no other kind really counts.

